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J. ADAMS ALLEN, M.D., LL.D., WALTER HAY, M.D.,
EDITORS.

TWELVE TIMES A YEAR.



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Died,

At 1 o'clock A. M., on Friday, December 11th,

1874,

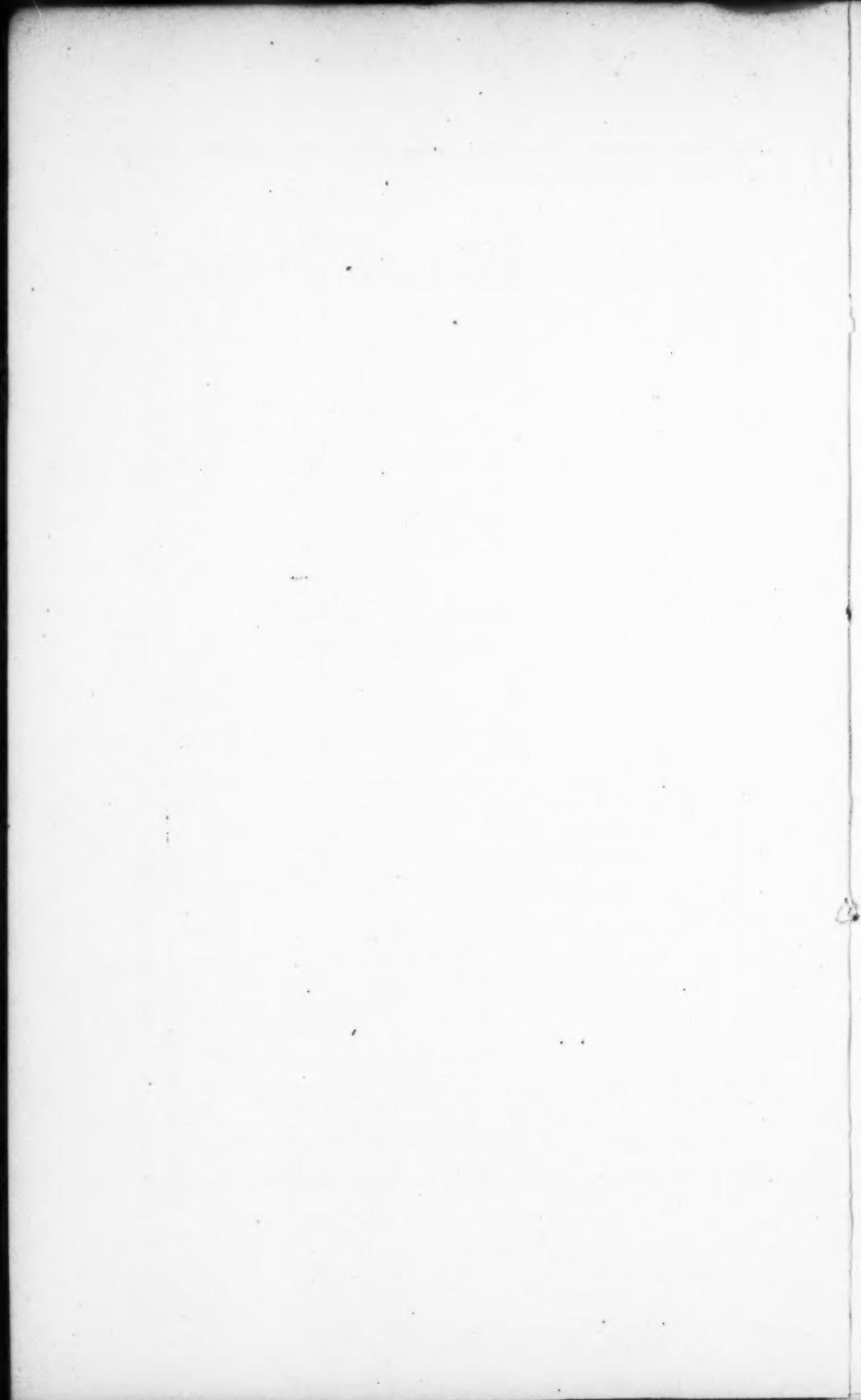
JAMES VAN ZANDT BLANEY, A.M., M.D.,

FOUNDER AND FIRST EDITOR

— OF THE —

CHICAGO MEDICAL JOURNAL.

"Nec Prossunt Domino Quae Prossunt Omnibus Artes."



THE
Chicago Medical Journal.

A MONTHLY RECORD OF

Medicine, Surgery and the Collateral Sciences.

EDITED BY J. ADAMS ALLEN, M.D., LL.D.: AND WALTER HAY, M.D.

VOL. XXXII. — JANUARY, 1875. — No. 1.

Obituary.

JAMES VAN ZANDT BLANEY expired on the 11th of December, inst., at one o'clock in the morning, being in his 55th year.

His death is a shock to the scientific world, and a deep affliction to a wide circle of intimates and friends. The pulpit, the press and the public have united to do him honor, and have laid their tribute on his tomb. After a life of distinguished service to truth and humanity he sleeps well.

Dr. Blaney was born May 1st, 1820, at New Castle, Delaware. He sprang from a good stock. His parents were gentlefolks, and their home was the resort of the distinguished men of that day. John M. Clayton, Judge Baldwin, and Dr. McClellan, were frequent guests. The then youthful subject of this sketch was a delighted listener to their animated and polished conversation. His native love of truth and keen insight were quickened by association, and he was moved to a noble ambition.

He excelled in boyish sports, and keenly enjoyed them, but his thirst for knowledge was insatiable. While others were idle, he listened, and thought, and studied. He learned everything readily, and laid up great stores; but he preferred natural science, and devoted himself to it. He graduated at Princeton when only 18 years old, but remained there some months as a resident graduate, pursuing his studies under the distinguished Prof. Joseph Henry. He had already become a learned and skillful chemist, and had taken a survey of the kindred sciences.

From Princeton he went to Philadelphia and studied medicine under the great masters there. He completed his course before he arrived at age, and perfected himself by practice in the hospitals. He also pursued his favorite science of chemistry in connection with Prof. Booth, afterwards director of the mint.

Early in the year 1843 he set out for the West, armed with letters to leading men in this region. He visited the Mammoth Cave, was a guest at Ashland, was stationed for a season at Jefferson Barracks, sailed up the Mississippi to St. Paul, and finally, in the fall of the year 1843, arrived at Chicago.

His work here was not done in a corner. He associated with the late Dr. Daniel Brainard in founding Rush Medical College. His first chair united Chemistry, Pharmacy and *Materia Medica*, and the young man of 23 years proved an acceptable lecturer on all these topics. At the same time he engaged in the practice of medicine with ardor and success. His enterprises prospered, and his sphere of effort widened. He soon became a popular lecturer on scientific subjects, and delivered many courses of lectures before the Mechanics' Institute and other associations. He was an efficient member of the Board of Education, and was instrumental in building Dearborn schoolhouse, the first permanent school building in the city.

In May, 1846, he organized an expedition to explore

the southern shore of Lake Superior. He was accompanied by the late Dr. J. H. Bird, who acted as civil engineer. The result was the discovery of mineral deposits, which have since been mined to great profit.

Dr. Blaney was in active practice during all the cholera years, devoting his great skill to rich and poor alike. Night and day he pursued his errand of mercy, bringing healing to many.

He was the founder of the **CHICAGO MEDICAL JOURNAL**, and for many years its Editor. His treasures of knowledge were poured out to enrich its pages, and his name and influence aided in giving it a wide circulation. His services as an analytical chemist were constantly in request. His aid and opinion were sought by an army of inventors, miners, manufacturers, dealers. As a detector of poisons in criminal cases, he became "a terror to evil doers, and a praise to them who did well."

The reader will remember the celebrated case of George W. Green. He was tried in this city on the charge of poisoning his wife, and was convicted on the testimony of Dr. Blaney. By the use of novel tests the Doctor found strychnine in the stomach of the murdered woman, and testified to it. He was critically cross-examined, but sustained himself. His analysis was published on both sides of the Atlantic, and was at first the subject of some adverse criticism. But he defended himself successfully, and won the assent of the scientific world. The criminal himself said to him: "Dr. Blaney, God guided your investigations!" and the same night the wretched man hung himself in his cell.

In a less conspicuous case of the same sort Dr. Blaney was the means of saving life. An expert testified to the presence of arsenic in the stomach. Dr. Blaney was called for the defense, and overwhelmed the prosecution. After denying the presence of arsenic, he turned to the presiding Judge and said: "Your Honor, if the test of

the gentleman is to be relied on, I can prove the presence of arsenic in the water your Honor is drinking." And he made good his point by applying the test to the water on the spot.

In labors like these, Dr. Blaney employed himself until about the year 1857. By this time his reputation had become national, and his name was known beyond the seas. He had received and declined many invitations to other fields of honor and influence. But, being invited to the chair of Chemistry and Natural Philosophy in the Northwestern University, at Evanston, he accepted, and removed with his family to that place. He was impelled to this step by the conviction that he could not with safety continue the general practice of medicine, and by his love of country life. He fitted up a beautiful home, and laid out on a sand ridge a garden marvelous for its floral display, and for the variety and excellence of its fruits and vegetables.

At the breaking out of the war of the Rebellion he was summoned to Washington and entered the army as Surgeon, with rank of Major of Cavalry. Here his high qualities secured him places of trust. He was for a year Medical Director of the Department of Virginia and North Carolina with head quarters at Norfolk, and was with General Sheridan at the battle of Winchester, having charge of the hospitals. He remained in the army until the close of the war, serving with zeal and winning promotion. Under his administration ample provision was made for the sick and wounded, and no emergency found him unprepared. Upon the return of peace he resumed the duties which had been partially interrupted. He was solicited to practice as a physician, and consented to do an office business, and was called in consultation in difficult cases. He never resigned his chair in Rush Medical College, and he now resumed his regular courses of lectures. He was again an analytical chemist, and an authority in science. Upon the death of Dr. Brainard in

the fall of 1866, he succeeded to the presidency of Rush Medical College, and wearing the harness while he had strength to endure, he pursued his career to the end.

In forming Dr. Blaney, nature was bountiful. He was above the middle height, of a lithe and graceful figure, crowned by a noble, well poised head, and a face full of thought and feeling—a sensitive and kindly face, full of dignity and courtesy. In mind he was gifted beyond the common lot. His powers were disciplined and always in the field. A new thought found its appropriate place and was never in the way. He loved science and pursued it, and made it his own. He found—

“tongues in trees, books in the running brooks,
Sermons in stones, and good in everything.”

His vivacity was wonderful. His graceful and appropriate gestures added an indescribable charm to his conversation and lectures.

He possessed a noble simplicity of character. He was truthful and just. He hated evil speaking, and guarded against it with jealous care. He was a model physician. His presence in the sick room diffused sunshine and calm. He seemed to know by instinct the disease and the remedy. Dr. Brainard once said, that when he could think of no remedy, he sent for Dr. Blaney, and added, “he always has something to suggest.”

He never became insensible to the sufferings of others. After watching for a lifetime the “tide of human woes,” he was as tender as ever. His eyes would fill with tears at a story of suffering. He had not long ago for a patient a little girl, who had broken the upper third of her thigh, and was in danger of being crippled for life. He did for her all that skill could do and was completely successful. The restoration was complete. When the work was done and it was safe to remove her, his eyes filled with tears of joy, he took her in his arms and carried her to the car-

riage, drove her himself as far as she could safely go, and then brought her home in triumph.

His conversation was improving. Making no ostentatious display of knowledge, he brought from his storehouse "things new and old." He was gifted in anecdote and illustration. In his happy home, surrounded by his wife and children, he was genial and light-hearted, dispensing a graceful and refined hospitality.

In fine, he was a gentleman not of tinsel but of gold. He had sad hours, but on the whole a bright and happy life. Perhaps his sorrows are not to be deplored, for "sweet are the uses of adversity."

In his long illness, affection which never tired, watched beside him, and the Lord, as we trust, sent him the message of his love.

MASONIC RECORD.

Dr. Blaney was widely known in the Masonic order in which he had been honored with high positions. He was a Past Master of Oriental Lodge, in Chicago, and Past Commander of Apollo Commandery Knights Templar; was the first Grand Commander of the Grand Commandery of Illinois; was Generalissimo, the third highest in rank of the officers of the Grand Encampment of the United States, and an honorary member, 33rd degree, of the highest, or Scotch rite, Masonic organization.

J. W.

Original Communications.

ARTICLE I.

THE MEDICAL EXPERT AND MEDICAL EVIDENCE.

By M. A. McCLELLAND, M.D., KNOXVILLE, ILL.

Evidence is that which is submitted to any competent tribunal as a means of ascertaining the truth or falsity of any allegation made before it. It is that which demonstrates or makes clear the truth of the fact or point in issue, either on one side or on the other, and to be competent evidence it must be restricted to the very point in issue. The term "proof," which is commonly used as a synonym for evidence, is employed by legal writers to indicate the effect made upon the mind by the declarations of the witness. "Evidence" they apply to the means used to obtain proof. "Proof is the legal credence which the law gives to any statement; evidence is the legal process by which that proof is made." (Phillips.)

Satisfactory or sufficient evidence is such an amount of proof as would convince the judgment of a common man, and which would lead him to do or act, in matters concerning himself, in the same way as he would if all the facts were within his own personal knowledge.

Competency and admissibility of evidence are questions within the province of the court; sufficiency and effect are matters determined by the jury. A party aggrieved has his redress in a bill of exceptions, and in appeal to a higher court.

One other rule bearing upon evidence is required by courts of justice, viz.: That the *best* evidence the nature of the case will admit of shall be produced, if possible to be had. Strict equity demands that the *best* evidence shall be sought from those best qualified to render *true* testimony. We will see further along how the true spirit of the rule is avoided, especially by those having a bad case to sustain.

The testimony of a mechanic as to the necessity for the removal of a limb, by amputation, could not be received in evidence, for the reason that his avocation in life does not give him the requisite data upon which to found a competent judgment. Here, the separating of things nearly alike, giving to each its due weight, is beyond his skill, therefore he would not be permitted to give evidence in such a case. Such testimony, if given, would not be *competent* evidence.

The testimony of a witness that a limb had received a gun-shot wound, would not relieve the surgeon from paying large damages for malpractice in removing it by amputation, if it was not further shown that the destruction of the vascular and nervous connection with the rest of the body, or some other good reason, rendered the operation necessary. The former evidence, without the latter, would not be *sufficient*.

The testimony of the witness that the prostate gland was not in the head, nor breast, nor stomach, failing to say where it was located, *should* not have been received, because where it *was not* was not the *point* in issue.

It is the first and most important rule of evidence, that the best evidence of which the case is capable shall be presented, for if the best evidence is not offered, it gives rise to the presumption that such evidence would go against the party neglecting to procure it. This is the most important rule in the administration of equal and exact justice, but how frequently we have in its stead the loud assumptions of ignorance and vanity, the records of our courts too frequently show. The reasons for this will be presently shown.

In some of the European states, the courts, in cases of obscure or doubtful physical or mental conditions, summon to their aid physicians, eminent for their knowledge and skill in the several departments of medical science, who, like all witnesses, are allowed, upon the strength of their acknowledged skill, to give opinions in evidence. Such witnesses are called experts.

In general, a witness must depose to facts that are within his own knowledge, but upon questions of science, skill or trade, persons of skill in these avocations may not testify to facts only, but may be permitted to give opinions also, which are received in evidence. "Physicians, when summoned before courts, may appear in a two-fold capacity, that is to say, either as *ordinary* witnesses, to state facts within their own knowledge, or as *skilled* witnesses, to interpret them." (Ordronaux.) It is only in the last capacity they would be designated experts.

From a statement of facts within the personal knowledge of the witness, the jury may draw the deductions and conclusions necessary for the determination of the cause, but upon matters involving abstruse questions in science, trade and commerce, ordinary men, who usually constitute juries, are not acquainted, and consequently are not capable of determining what the facts are in each particular case. It is in the trial of such cases, in which the subject matter is of such a nature that ordinary men have not sufficient knowledge, that the office of the skilled witness is demanded. (*N. E. Glass Co. v. Lowell*, 7 *Cush. Mass.* R. 319.)

To constitute a "medical expert," it requires more than a popular reputation for skill and judgment in things pertaining to disease and its treatment. The *actual* possession of these requirements does not necessarily imply ability to perform the duties of an expert creditably in every case. By this, I would intend very particularly and decidedly to say, that neither great success in the ordinary practice of medicine and surgery, nor popular and well deserved reputation in the practice of the same, constitutes, in any sense, *expertness* in certain branches of medicine and surgery, insanity for instance.

In this disease, the popular idea is, that it is a definite mental condition in every case, capable of clear definition, but the scientific observer recognizes in the mental affection the same characteristics that are met with in physical

derangement, namely, a gradual passage from the sane to the insane state, as gradual as health passes into disease. Men of the greatest experience cannot fix the boundary line. What, then, can the ordinary practitioner do, who has perhaps, in a life-long practice, not seen a dozen cases? "Who can say where twilight ends and darkness begins?"

It is a well understood fact by life insurance companies, and, indeed, by intelligent observers generally, that many of the most fatal maladies to which mankind is liable, to the instructed physician are known and determined by certain symptoms and signs, while to unskillful observers they remain *res incognita*. Expertness, therefore, is the result of large observation and experience in special arts and sciences. The field is too large, life is too short, for any one person to accomplish great attainments in all branches of medicine; so where, from the necessity of the case, medical men have to act in the capacity of surgeon, physician and obstetrician, we can scarcely expect to find experts. "However," Dr. Taylor remarks, "medico-legal knowledge does not consist so much in the acquisition of facts, as in the power of arranging them, and in applying the conclusions to which they lead to the purposes of law. A man may be a most skillful surgeon, or a most experienced physician; his mind may be well stored with professional information; yet if he is unable, by the use of simple language, to make his ideas known to others, his knowledge will be of no avail. One far below him in professional standing and experience may make a better medical witness." This should encourage us to improve every opportunity in expressing our ideas in our common tongue as clearly and as connectedly as we may.

We should be stimulated to study by the knowledge, also, "that the mysteries of nature are only capable of solution through the physical sciences. Medicine lacks much of being a positive science. The mechanism of the human body is clear, and that is all. We see the

workman and the tools, but the skill that guides the work, and the power that performs it, are as invisible as ever. We have learned nothing but the mechanism of life, and are no nearer its essence. Beyond the mechanical facts, all is mystery in the movements of organization, as profound as the fall of a stone or the formation of a crystal. To the chemist and the microscopist the living body presents the same difficulties, arising from the fact that everything is in a perpetual change in the organism. The fibrine of the blood puzzles the one as much as the globules puzzle the other. In the brain we are sure we do not know how to localize functions; in the spinal cord we think we know something, but there are so many anomalies and seeming contradictions and sources of fallacy, that, beyond the fact of crossed paralysis of sensation, and the conducting agency of the gray substance, I am afraid we retain no cardinal principles discovered since the development of the reflex functions took its place by Sir Charles Bell's great discovery. No satisfactory and conclusive answer has been made to these questions: Why does one cell become nerve and another bone; why one select bile, another fat? How is the solvent agency of the digestive fluid explained? What is the meaning of 'affinity' or 'catalysis' in chemistry? How is it the liver secretes sugar, or how are blood corpuscles formed out of lymph corpuscles, and what becomes of them? What is the office of the vascular glands, the spleen, the thyroid and thymus bodies? What is the function of Peyer's patches? Do these glandules perform the office of lymphatic glands? What theory of animal heat is correct—that of Black, Lavoisier, Crawford, or Liebig, or of no one of them? That of Liebig now being doubted, who will explain the wonder?" (O. W. Holmes, M.D.)

For the want of a little moral courage, medical men now permit themselves to testify foolishly time and again. The simple statement that he is not qualified to testify for want of special study and a practical acquaintance

with the case under consideration, is all that is required to release him from the disagreeable task. The idea is too generally prevalent that the medical witness must, under no circumstance, admit his ignorance, lest upon the more practical points of his profession he will have to admit that he is an impostor and a fraud. The fact is patent, and to none more so than the profession, that the profession is made up, to a larger extent than is pleasant to contemplate, of the refuse material of all other professions and occupations in life, and that it is a fraud of the most abominable proportions. This is not so much the fault of the profession, which has among its followers thousands of as good men as there are in the land, as it is of the vicious social and political system under which we live. A profession governed by laws that have no legal character, having as umpire of its claims, to a great extent, only ignorance and self-conceit, how could it be otherwise? In our courts of law, who is the judge of the value of expert testimony? A jury, which is led by its prejudices as frequently as by the testimony; twelve men, who are as often as otherwise the loafers around the court room, men who have never given a thought to these matters, and, as Dr. Ray observes, "nor would have been much better able to draw just conclusions if they had."

It is an acknowledged principle that juries are confined to the investigation and consideration of facts, and to the application of the law as laid down by the court, but if they should have opinions of their own usurping the functions of the witness, or have a law of their own usurping the functions of the judge, what redress? They once might have been impeached. Now, the aggrieved party may move for a new trial with its attendant expenses. Should it happen, as it sometimes does, especially in a case of alleged insanity, that the judge should usurp the function of the expert, what redress? Appeal to a higher court. If the witness usurps the function of judge or jury, the court or counsel promptly administers

a rebuke. And this is right. (*Millard v. Brown*, 53 N. Y.)

"But when scientific men are called as witnesses, they cannot give their opinions as to the general merits of the cause, but only their opinions upon the facts proved. And if the facts are doubtful, and remain to be found by the jury, it has been held improper to ask an expert who has heard the evidence, what is his opinion upon the case on trial; though he may be asked his opinion upon a similar case, hypothetically stated. Nor is the opinion of a medical man admissible, that a particular act, for which a prisoner is tried, was an act of insanity." (Greenleaf's Evidence.)

Starkie also says, "Such opinions are admissible in evidence, although the professional witness founds them entirely on the facts, circumstances and symptoms, established in evidence by others and without being personally acquainted with the facts."

"Witnesses are *not receivable to state their views* on matters of *legal or moral obligation*, nor on the manner in which *other persons* would probably be influenced, if the parties acted in one way rather than in another. Therefore the opinions of medical practitioners, upon the question, whether a certain physician had honorably and faithfully discharged his duty to his medical brethren, have been rejected."

"But where a libel consisted in imputing to the plaintiff that he acted dishonorably in withdrawing a horse which had been entered for a race, and he proved by a witness that the rules of the Jockey Club, of which he was a member, permitted owners to withdraw their horses before the race was run; it was held that the witness, on cross-examination, might be asked whether such conduct as he had described as lawful, under those rules, would not be regarded by him as dishonorable." (Greenleaf on Evidence, § 441, and note.)

So also the medical witness is not to be asked whether the person in question possessed sufficient mind to transact

business or make a will, for these are conclusions of law, depending upon the nature of the business, with which the expert is not supposed to know anything. (*Fairfield v. Blascomb*, 35 Vt. 398; *White v. Bailey*, 10 Mich. 155.)

So, also, to the question : "When the defendant has been undeniably subject to fits of epilepsy, should he not have the benefit of every reasonable doubt that might arise as to his sanity?" his humanity would lead him promptly to answer in the affirmative; yet if the opposite party should object, which he probably would do, the question could not be answered. (*State v. Klinger*, 46 Mo. 224.)

In a case of epilepsy, when a crime has been committed without any possible motive, without premeditation or passion, openly and in a way not usual with criminals, the expert would have a right to say, that the criminal impulse was most positively the result of the epilepsy. In this case, however, the expert must *know* that the criminal act was immediately preceded by a fit or fits.

The essential requisite in the expert, so far as it relates to his profession, consists in an extensive acquaintance with the principles of Anatomy, Physiology, Therapeutics, Toxicology and Pathology; general, special, medical and surgical. However well prepared the witness may be, he must be particularly careful not "to regard his line of duty as lying in the direction of the success of the one who employed him rather than of the discovery and establishment of truth." The expert is in no sense the advocate of one party or the other, but is sworn to testify to the truth, the whole truth, and nothing but the truth.

Professor Washburn, (Am. Law Review, October, 1866,) in speaking on this subject, says: "That judge or lawyer, however, may consider himself fortunate, who has not, when trying a case involving inquiries to be answered by experts, again and again felt that the opinions advanced by a witness had more to do with promoting the cause of the party in whose favor he appeared than the further-

ance of justice. This is partly from the nature of the subjects upon which experts are usually called, and partly from the inability, which many learned and strong-minded men are under, of discriminating in matters of judgment and opinion between what they wish and what they think, or what, upon principles of sound philosophy, they ought to believe."

The expert is brought into the presence of the court and jury in the same way as an ordinary witness, by summoning him to attend by service, personally rendered, of a writ of *subpæna*, which is a judicial paper, commanding the witness to appear before the court having jurisdiction, to testify what he knows in the matter mentioned in the writ. In order to secure the attendance of the witness, the statutes of the different States provide for the reasonable expenses, which are fixed at a certain sum for each day's actual attendance, and for each mile's travel from the residence of the witness to the place of trial and back, without regard to the employment of the witness, or his rank in life.

The sums paid are not alike in all the States, but the principle is believed to be the same. In some States it is sufficient to tender to the witness his fees for travel from his home to the place of trial, and one day's attendance, in order to compel him to appear upon the summons; but in others the tender must include his fees for travel in returning. This is the rule in the courts of the United States. (Conklin's Practice, pp. 265, 266.)

The practice is not uniform in this country, as to the question whether the witness, having appeared, is bound to attend from day to day, till the trial is closed, without the payment of his daily fees; but the better opinion seems to be that without payment of his fees he is not bound to submit to an examination. (Greenleaf on Evidence, § 310.)

"A physician must respond to the *subpæna* of the court, but when put upon the stand as an *expert*, he is not obliged to testify, until he is paid by the party call-

ing him, such a fee as the professional opinion and time spent in court would be worth, under ordinary circumstances, out of court." (*Webb v. Page*, 1 Carr. & Kir. 23.) In this case the court said: "There is a distinction between the case of a man who sees a fact and is called to prove it in a court of justice, and that of a man who is selected by a party to give his opinion on a matter with which he is peculiarly conversant from the nature of his employment in life. The former is bound as a matter of public duty to speak of a fact which happens to have fallen within his knowledge ; without such testimony the course of justice must be stopped. The latter is under no such obligation ; there is no such necessity for his evidence ; and the party calling him must pay him." (Redfield on Wills, 2nd Ed., Part 1, 155. Note 46.) In a case in the United States District Court, Mr. Justice Sprague refused to compel the attendance of an interpreter who had neglected to obey a subpoena. The learned Judge said that a similar question had arisen as to experts, and he had declined to issue process to arrest in such cases. When a person has knowledge of any fact pertinent to an issue to be tried, he may be compelled to attend as a witness. In this all stand upon equal ground. But to compel a person to attend merely because he is accomplished in a particular science, art or profession, would subject the same individual to be called upon in every case in which any question in his department of knowledge is to be solved. Thus the most eminent physician might be compelled, merely for the ordinary witness fees, to attend from the remotest part of the district in which a medical question might arise. This is so unreasonable that nothing but necessity can justify it. The case of an interpreter is analogous to that of an expert. It is not necessary to say what the court would do if it appeared that no other interpreter could be obtained by reasonable effort. (*In Case of Roelker*, 1 Sprague's Dec. 276.)

"Once upon the stand, the *skilled* witness is in the

position of any professional man consulted in relation to a subject upon which his opinion is sought. His skill and professional experience is his individual capital and property, that he is not obliged to bestow gratuitously upon any person. Neither the public nor private persons have a right to extort his professional services, without a just compensation. On the witness stand, as in his office, his opinions are his own, and he can give them or withhold them as he chooses, for he cannot be compelled to give an opinion, nor be committed for contempt if he refuses to do so. When, however, he has given his opinion, he has now placed it among the *res gestæ* of the evidence, and cannot decline repeating or explaining it on cross-examination. Once uttered to the public ear of the court, it passes among the facts in evidence, and counsel may use it as they please, without any farther compensation to him. The point of declining to give it gratuitously must be made, if at all, at the opening of his examination *in chief*, and will avail him nothing if delayed until the cross-examination." (Ordonnau Jurisprud. of Med., §§ 113, 114.)

A physician who knows nothing as to the cause of death, in cases requiring legal inquests, cannot be forced to testify in respect to opinions in regard to cause of death, without first making a *post mortem* examination, and this he may refuse to make, as he may refuse to render any other *personal* service. For such examination it may not always be convenient to pay him in advance; but he has an undoubted right "to demand a legal promise from the party requiring the service, whether the party be a public officer or private citizen." (Ibid., § 116.) "A physician is not entitled to any greater compensation for traveling to and giving evidence at a coroner's inquest, in obedience to a subpoena, than any other witness; but the expenditure of labor and skill by the physician in a *post mortem* examination will entitle him to additional compensation." (*Gaston v. Commissioners of Marion Co., Ind.*, 3 Ind. 497.) Such compen-

sation must be *reasonable*. (*Tuson v. Batting*, 3 Esp. N. P. 192.)

I may remark further, for the instruction of the junior members of the profession, that a physician has a right to *refuse* any personal service, especially when no fee is tendered. But if he once enters upon the performance of the service, he becomes responsible for any damage that may accrue through his negligence or want of care. (Edwards on *Bailments*, p. 98.)

In a case which came before the Court of Exchequer, May, 1868, (*Maxsted v. Morris*), a witness willfully disobeyed a subpoena. In consequence of this, the trial was postponed, at great expense. An arrangement was made by which the witness bound himself to pay a part of the expense. The Chief Baron said : "It must be distinctly understood that in all cases where it appeared to the court that there had been a willful disobedience of a subpoena after proper service, such a contempt of court would be visited with the punishment it deserved." Martin, B. : "It was not to be tolerated that a man should exercise any discretion as to whether he would or would not attend a court in pursuance of a subpoena. Enormous costs were incurred in preparing a case and bringing it down to trial, the whole of which were to be thrown away and wasted, because a man refused to obey a lawful summons to attend as a witness." Pigott, B. : "A subpoena was not to be treated as mere waste paper. Public justice required that persons willfully committing contempt of court should be dealt with in such a manner as to teach them that they could not commit a contempt of court with impunity."

The question may not be one of fees, but of obedience to a simple order to attend and give evidence on matters of *opinion*, irrespective of scientific facts. In *Simpson v. Halliday*, 1864, I was required to attend on a subpoena as a skilled witness, to give evidence of *opinion* in reference to the alleged infringement of a patent. The defendant, who summoned me, did not make it in any way

a question of fees ; but, being wholly unacquainted with the facts of the case, I did not feel in a position at a short notice to appear as a witness for parties of whom I knew nothing. I obeyed the subpoena, as the disobedience of it might have been, in the present uncertain state of the law, a contempt of court ; and, after giving my evidence, I requested his Honor to state, for future guidance, whether a skilled witness was compelled to attend under such circumstances as those in which I had attended. I referred him at the same time to the decision of Lord Campbell, in *Betts v. Clifford*. The Vice-Chancellor (Wood) said that a court of law never gave an opinion on a speculative question, and there the matter ended.

It would seem, therefore, that a skilled witness, who is not acquainted with *any of the facts* of a case, may be compelled by a subpoena to attend and give evidence on a matter involving scientific opinion alone. Some months before this occurrence, I had given evidence in a similar case, and the defendant, Halliday, seeing that my opinion in that case was favorable to his views, exercised a right to impound my services on his behalf. When some portion of the public press undertake to censure experts for acting as hired witnesses, it may be as well to remember that they may be sometimes unwillingly forced into court by subpoenas which they dare not disobey.

A medical man receiving separate subpoenas to attend trials at different assizes, which are held at or about the same time, the opinion of one of the most learned judges on the bench, was "that in all cases in which there were served separate subpoenas, fixing trials for the same time, the *civil* should give way to the *criminal* case. The former can be postponed ; the latter cannot. But if the subpoenas are two criminal cases, the course of a witness should be to attend to that in which the subpoena was first served upon him." (Taylor Princip. and Pract. of Med. Jurisp., vol. 1, 1873, ch. 1.) For the case of *Betts v. Clifford*, in which it was held that an expert might disobey a subpoena with impunity, see Taylor's Med.

Jurisp., by Penrose, 1866, p. 38. Professor Ordronaux is inclined to think that the opinion of the court in above case was misapprehended by the reporter.

Witnesses living within the geographical boundaries of a State are considered within the jurisdiction of courts of record ; and in the Federal courts the writ of subpoena cannot be served without the district of the court. By inter-State arrangement depositions can be taken to be used in the trial of causes. If, after being duly summoned, fees paid or tendered or waived, a witness willfully neglects to appear, he is judged guilty of contempt, and, on motion of the party calling him, he is proceeded against by an attachment. An attachment for contempt proceeds not upon the ground of any damages sustained by an individual, but is instituted to vindicate the dignity of the court. The punishment for contempt is fine and imprisonment at the discretion of the court.

The party injured by the non-attendance of a witness has also his remedy, by action on the case for damages at common law ; and a further remedy, by action of debt. (Stat. 5 Eliz., ch. 9.)

If a witness resides out of the jurisdiction of the court, his testimony can be obtained only by taking his deposition. This is done in the following manner : The adverse party is notified to be present at the taking, and put interrogatories if he think fit. This notice is served upon him or his attorney, as either may be nearest, allowing time, after the notification, of at least one day for every twenty miles travel, Sundays excluded. Such deposition must be retained by the person authorized to take it, till he shall deliver it with his own hand into the court for which it is taken ; or it must, together with a certificate of the causes or reasons for taking it, as above specified, and of the notice, if any, given to the adverse party, be by the magistrate sealed up, directed to the court, and remain under seal till it is opened in court. The usual mode of transmission is by mail, care being taken to inform the clerk, by a proper superscription, of

the nature of the document inclosed to his care, for, if opened by him out of court, though by mistake, it will be rejected. (*Beal v. Thompson*, 8 Cranch, 70; *Law v. Law*, 4 Greenleaf, 167; Greenleaf on Ev., §§ 320, 322.)

The above relates only to civil cases. In criminal cases witnesses are compelled to attend without a tender of fees. But their fees will, in general, be finally paid from the public treasury. In all such cases, the accused is entitled to have compulsory process for obtaining witnesses in his favor. (Greenleaf Ev., § 311.)

“After a witness is sworn and his competency determined, he is first examined by the party calling him. This is the *direct examination*. He is subsequently examined on the same subject by the adverse party. This is the *cross-examination*. In the direct examination, questions that admit of simple affirmative or negative answers are not permitted. Neither must the question assume facts to have been proved which have not been proved, nor answers given that have not been given. The witness is examined on matters of fact within his own knowledge, either of words or actions. In matters of skill and judgment, he may draw inferences and conclusions, which under ordinary circumstances are drawn by the jury alone.” (See also *N. E. Glass Co. v. Lowell*, 7 Cushing's Mass. R. 319.)

“Cross-examination is one of the principal tests which the law has devised for the ascertainment of truth, and is certainly a most efficacious test. It is by it that the situation of the witness, with respect to parties and the subject of litigation, his interests, motives, inclinations, prejudices, means of obtaining a correct knowledge of the facts to which he bears testimony, the manner in which he has used these means, his power of discovering facts in the first instance, and his capacity for retaining and describing them, are fully investigated and ascertained, and submitted to the consideration of the jury.” (Starkie.)

To the foregoing rules of evidence there are some ex-

ceptions, as where the witness called appears to be inimical to the party producing him, or unwilling to give evidence, or when an omission in his testimony is evidently caused by want of recollection. However, this matter lies with the discretion of the judge, who will prohibit or permit such questions as he deems best for the course of justice.

Though a witness can testify only to such facts as are within his own knowledge and recollection, yet he is permitted to refresh and assist his memory by the use of *written instruments*, memoranda, or entries in a book. A copy of the original note will generally be objected to. As to the time when the writing thus used to restore the recollection of facts *should have been made*, no precise rule seems to have been established. Such writing should be made at the time the facts were observed, or shortly after. In the Scottish courts, with the exception of memoranda made up at the time, or shortly after the occasion, a witness is not permitted to refer to a written paper. There is one exception to this rule, and this relates to medical or other scientific reports or certificates. Mr. Allison remarks that "the reason for this exception is founded in the consideration that the medical or other scientific facts or appearances, which are the subject of such a report, are generally so minute and detached that they cannot with safety be intrusted to the memory of the witness, but much more reliance may be placed upon a report made out by him at the time when the facts or appearances are fresh in his recollection; while, on the other hand, such witnesses have, generally, no personal interest in the matter, and from their situation and rank in life are much less liable to suspicion than those of an inferior class, or more intimately connected with the transaction in question. Although, therefore, the scientific witness is always called on to read his report, as affording the best evidence of the appearances he was called upon to examine, yet he may be, and generally is, subjected to a farther examination by the prosecutor or

a cross-examination on the prisoner's part; and if he is called on to state any facts in the case unconnected with his scientific report, as conversations with persons deceased, confessions heard from the panel, or the like, he stands in the situation of an ordinary witness, and must give his evidence verbally in answer to questions put to him, and can only refer to jottings or memoranda of dates, etc., made up at the time, to refresh his memory like any other persons put into the box." (Allison's Practice, pp. 540, 542.)

The necessity for expert witnesses was recognized in the earlier history of the world. (*Vide Leviticus, ch. 13.*) However, the custom of requiring medical men to appear in courts of law for the purpose of elucidating obscure questions in medicine and surgery, does not go back to very ancient times. In the statutes of Charlemagne it was provided that, in medico-legal inquiries, the judges should avail themselves of the advice and counsel of physicians, who were to be men recognized as eminent in the profession, masters in the art, of high moral character; jurors were to be selected who were *intelligent*, and acquainted with matters pertaining to the case. Legal medicine was, as yet, in its rudimentary state. It belongs to the nineteenth century to refer these questions to a jury whose first qualification must be *ignorance* of the subject matter in dispute.

The great importance of legal medicine was farther recognized (1552) in the constitution published by the Emperor Charles V. Infanticide, wounds, poisoning, abortion, were questions referred by it to medical men. Methods of investigation proper to be employed were indicated, rules for drawing up reports of cases coming into the courts were established. (Renouard's Hist. Med.)

How often, persons especially skilled in medical knowledge have rendered efficient assistance in the furtherance of justice and in protecting the innocent, numberless instances attest. But a few years ago a woman disappeared mysteriously from society. Suspected persons were

arrested and examined for her murder; proof being insufficient, they were discharged. Many years after, the remains of an unknown person were exhumed in the vicinity of the supposed murder. Examined by celebrated experts, they were found to be those of the woman who had disappeared. This led to the second arrest of the supposed criminals, their conviction and punishment.

In the case of a person charged with murdering a child by piercing its head with an awl, Mr. Seldon, a noted surgeon, was able to demonstrate to the satisfaction of the jury, that the hole in the skull which was said to have been made with the awl, was a natural opening for the passage of a vein; thereupon the accused was honorably discharged.

The application of these principles of the science of medicine rightly belongs to the medical practitioner. When he was appointed especially an "expert," by the State, it was an unimportant matter whether the general practitioner gave any thought or not to questions that might acquire a legal character. Then, given in charge the duty of examining into the nature of the case, and making a detailed report thereon, he was enabled to discharge the duty under the most favorable circumstances. He made his examination of the dead body or other subject, submitted to him, at his leisure; consulted his authorities on disputed points; weighed doubtful opinions in his mind till they were entirely clear; then drew his conclusions, and formed his opinions, at the same time arranging in regular and available combinations all the reasons therefor. In this way and under these circumstances, great honor was reflected upon himself and his profession.

In this country there is no forensic physician appointed and paid by the State, to perform the important duties of medico-legal examinations. Instead of there being a forensic physician, a forensic surgeon and a forensic obstetrician, the examination of all questions of a medical or surgical character devolves upon one individual,

who is expected to be informed upon all branches of medical knowledge. Nor is he given any time for preparation, either in looking up the facts bearing upon the case or for acquiring any knowledge of the legal aspect of the case upon which he is required to give testimony. And yet we are told that "the opinions of experts are not so highly regarded now as they formerly were." Judge Davis, of the Supreme Court of Maine, says, (1 Redfield on Wills, ch. iii, § 13,) "If there is any kind of testimony that is not only of no value, but even worse than that, it is, in my judgment, that of medical experts. They may be able to state the diagnosis of a disease more learnedly; but upon the question, whether it had at a given time reached such a stage that the subject of it was incapable of making a contract, or irresponsible for his acts, the opinion of his neighbors, if men of common sense, would be worth more than that of all the experts in the country." This is stating the matter very strongly, but it must be admitted that to a great extent it is true. However, the learned judge might have qualified his statement, so that it would not have been so sweeping in its application. This, Judge Redfield, when commenting on the same case, does. He says: "We are more and more confirmed in an opinion that the difficulty comes largely from the manner in which the witnesses are selected. If the State or the courts do not esteem the matter of sufficient importance to justify the appointment of public officers, * * * it is certain the parties must employ their own agents to do it; and it is perhaps almost equally certain, that if it be done in this mode it will produce two trained bands of witnesses, in battle array against each other, since neither party is bound to produce, or will be likely to produce, those of their witnesses who will not confirm their views." (W. & S. Med. Juris., b. 1, § 294.)

In the above case we think Judge Davis erred in assuming that the expert could be questioned as to a conclusion in law, whereas that is a function peculiar to the court. The expert cannot be judge and witness any more than

he can be expert and jury. In such a case, or one in which insanity is the question under consideration, the expert may be required to give his opinion as to the state of mind, but not as to the responsibility of the agent.

(To be continued.)

ARTICLE II.

ON THE TREATMENT OF DYSENTERY WITH CREASOTE.

By JNO. R. CUSHING, M.D., HARRISON COUNTY, TEXAS.

An intractable epidemic "bloody flux," which prevailed in this vicinity in the summer and fall of 1873, led me to experimenting with the creasote. Its well known property of allaying the irritable stomach of our autumnal fevers impressed me that it would be valuable in the treatment of the disease, when opiates and other astringents proved nugatory or of little effect. Its *modus operandi* I will not attempt to discuss at this time, whether it acts as an astringent or an alterative, but I can say it acted admirably in my hands in its curative power over the disease. Whether it was a peculiar phase of the disease or not, I cannot say, as it will require experience in future epidemics to decide. But my faith is strong in its remedial power, and will continue so until proved otherwise.

The attacks of the disease were in most cases sudden, without chill or diarrhoea. The bowels were generally constipated, and tender over the sigmoid flexure and colon. The discharges were pure blood and mucus, with little tormina, but excessive tenesmus. The opiate plan of treatment had a controlling but not a curative influence upon the disease, for it invariably terminated (when the case did not die) in chronic ulceration of the lower rectum, frequently producing spasm of the sphincter so intolerable that the patient could not avoid screaming upon every evacuation.

Upon adopting the creasote, in combination with opiates, I was happily surprised beyond all expectation. It accomplished everything and did it in a few days, as well as obviating that ugly *after symptom*, so distressing in my preceding cases. In obstinate diarrhoeas I find the preparation equally as good as in the dysentery.

When ulceration of the rectum remained after the subsidence of the disease, I found the acetate plumbi, in combination with tinct. opii, used as enemas, all that was necessary; what was very strange, enemas of creasote did but very little good.

The following cases from my note book will illustrate my plan of treatment :

Case 1. A lady, aetat 26; sick two days before called in; had been taking teas and laudanum. Found bowels costive, with great torments and tenesmus. Sulph. magnesia $\frac{3}{2}$ i, tinct. opii 3 i, water $\frac{3}{2}$ vi. Tablespoonful every thirty minutes until it acted. Cold cloths to the perineum, and cloths saturated with the liniment, aq. ammon. $\frac{3}{2}$ ss, oil sassafras $\frac{3}{2}$ ss, tinct. opii 3 i, tinct. arnica 3 i, ol. olive and kerosene aa $\frac{3}{2}$ ij, kept constantly applied to the bowels. After the action of the salts, commenced the following formula : R. Creasote, gtt xx ; Acetic Acid, gtt xl ; Morphia, gr. ij ; Aqua, $\frac{3}{2}$ ij. M. Teaspoonful every two hours until relieved. Well in three days.

Case 2. Young man, 18 years; taken about six hours previous to my seeing him; put him immediately upon the creasote mix. with the liniment; cured in thirty-six hours.

Case 3. Gentleman, aged about 50 years; had been sick about four days; had been taking opium pills, with acet. plumbi; considerable tenesmus, with dejections of bloody mucus; great prostration; bowels tympanitic. Prescribed creasote mix. with turpentine stapes to the bowels; whisky $\frac{3}{2}$ i every three hours. In fifty-six hours the bowels were controlled. Creasote mix. every four

hours; whisky, toddy and egg nog, pro re nata. Discharged cured on the fourteenth day.

Case 4. Lady, aged about 20. Cured on third day. Creasote mix. only used.

Cases 5, 6, 7 and 8, in one family, all down with hemorrhage of bowels; no tormina or tenesmus; great tenderness over the bowels, and irritable stomach. Creasote mix., turpentine stupes, and stimulants. All cured and discharged between seventh and fourteenth day. These cases simulated peritonitis, yet I am satisfied it was not that disease, for there was no inflammatory fever or other serious indications of that disease. The disease was evidently subacute inflammation of the lower bowels, with ulceration of the hemorrhoidal veins. My treatment proved efficacious in almost every instance. The simplicity of the treatment and the rapidity of cure, compared with the remedies I had previously used, demonstrated that creasote was an important adjuvant, in fact, the main one, in combatting the disease. I should have some hesitation in prescribing the remedy in acute disease accompanied with high febrile excitement.

In all diarrhoeas that I meet with, my main reliance is in the creasote. In the treatment of the disease in children I substitute tr. opii camp. instead of the morphia, and lessen the dose according to age.

For the ulcerations in the rectum when they occurred, I used enemas of *ulmus fulva* and the acet. plumbi with tr. opii— $\frac{1}{3}$ plumbi and gtt xxv tr. opii to about $\frac{3}{4}$ ij of menstruum—every three, four or six hours, as the case required.

Progress in Medical Sciences.

ARTICLE I.

PROGRESS IN OBSTETRICS AND GYNÆCOLOGY.

BY A. REEVES JACKSON, M.D.,

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1. Puerperal Pyæmia. By Dr. J. MATHEWS DUNCAN. (*Obstetrical Journal of Great Britain and Ireland*, September, 1874.)

2. On the Natural and Artificial Elimination of Sessile (Intra-Parietal Uterine Fibroids. By Dr. MANNEL. (*Amer. Journal of Obstetrics*, November, 1874. *Viertel jahrschr. für die prakt. Heilk.*, 1874.)

3. Case of Uterine Fibroid removed according to a New Principle of Operation. By Dr. T. ADDIS EMMET. (*Amer. Journal of Obstetrics*, August, 1874.)

4. Intra-Uterine Fibroids. By Dr. J. MARION SIMS. (*New York Medical Journal*, April, 1874.)

1. In the course of an address delivered at the annual meeting of the British Medical Association, in August last, Dr. Duncan stated that for obstetricians, and for the world, the subject of puerperal fever was the one of first importance in midwifery, since there was unanimity in giving it the horrid pre-eminence over all other combined causes of death in the child-bed or puerperal state. He objects, however, to the term puerperal fever, as one embodying error. There is nothing, he contends, essentially puerperal known in it; nor is there anything about it of the nature of a fever, as that word is generally understood. He prefers the term pyæmia, as being most in accord with present views of pathology, although advancing science may replace it by a better one. Pyæmia is not to be understood, however, as meaning purulent blood—its former signification—but as a comprehensive term including septicæmia, icorrhæmia, etc. There is no proof that puerperal pyæmia is ever epidemic as fevers are. Neither is it caused by a miasma, for even in a pestilential hospital, the disease prevails in such a

manner as is scarcely reconcilable with the miasma hypothesis. Likewise, Dr. Duncan does not believe that the disease is propagated by contagion or infection, and, in this connection, he ridicules the prevalent idea that a practitioner who is so unfortunate as to have a case of the so-called puerperal fever, must therefore relinquish his obstetrical practice. Nevertheless, he warns the obstetrician against assuming any of the duties of the nurse, and thinks that by observing this caution, the medical attendant may make himself medically clean in hands, person and dress.

Our author denies that puerperal pyæmia is, in any sense, a kind of cholera, or typhus, or scarlatina, or erysipelas, as various authors have endeavored to show. On the contrary, he believes that the important researches of Lister and others—especially Lister—demonstrate that pyæmia is a septic disease, and that in its puerperal form it may be almost, if not altogether, prevented by a midwifery practice based on antiseptic principles, combined with stoppage of injurious communication between the sick and the healthy, disinfection, and such architectural, and other arrangements in lying-in hospitals, as may secure the fullest and best hygienic conditions.

There can be no doubt as to the great importance of the subject of Dr. Duncan's paper, but there is much doubt whether his opinions will be adopted as correct by the great body of the medical profession.

In the most favorable cases of parturition there is almost inevitably more or less wounding of the generative passages, and these contusions and lacerations present the most accommodating localities for the reception of morbid material. A woman who is the subject of puerperal pyæmia becomes a prolific source of morbid material in its most subtle and essential form. That puerperal pyæmia is frequently communicated by conveyance of this septic essence—whatever it may be—from the person of one patient to that of another, with the result of reproducing the disease, has been too frequently demonstrated to

admit of doubt; and hence, the obstetrician cannot be too careful to protect his patients from this source of danger.

2. Dr. Mannel thinks that the absorption of uterine fibroids by the administration of medicines does not occur, and that when such results have been reported, the diagnosis was erroneous, the cases being hyperplasia of the uterus, or plastic exudation in its vicinity. He regards Hildebrandt's treatment of these growths by the hypodermic injection of ergotine as needing further trial in order to determine its value. At present he evidently attaches but little value to it. The induction of sloughing of the tumor by any means, mechanical or chemical, he considers dangerous, and as too likely to result fatally from pyæmia, septicæmia, peritonitis, venous thrombosis, or exhaustion. The paper is written chiefly for the purpose of showing the results of enucleation—the only surgical proceeding of which he approves. He has collected twenty-two cases, more or less in detail, in which enucleation has been employed for the removal of uterine fibroids since the year 1858. The table is supplementary to that of Dr. West, who reported twenty-seven cases down to the year named. Of Mannel's cases only three terminated fatally,—a very favorable percentage; while of West's twenty-seven cases, fourteen were fatal. Thus, of forty-nine cases there were thirty-two recoveries and seventeen deaths.

Unfortunately for the usefulness of statistics such as the foregoing, it is well known that many unsuccessful cases are never reported, while those which result favorably are very likely to be.

3. In Dr. Emmet's case, the patient had been suffering for a month with excessive metrorrhagia, which had been kept in check only by the continued use of powerful styptics. The cavity of the uterus was found to be occupied by a fibrous tumor of the size of the fist. Supposito-

ries of gelatine, each containing 16 grs. Squibb's aqueous extract of ergot (equivalent to 96 grs. powdered ergot) were introduced into the cavity of the uterus, where they produced a markedly beneficial result. The tumor, which was attached by a broad base to the fundus, was brought near to the internal os. Dr. Emmet retroverted the uterus, which had been previously anteverted, and then seizing the tumor with a double tenaculum, drew it downwards toward the vulva, to which point he succeeded in bringing it after half an hour's steady traction. Portions of the tumor as it became attainable were removed by scissors. As the tumor was drawn down, the uterus contracted behind it, thus by its own efforts enucleating the base of the growth, and at the same time preventing hemorrhage. This made it necessary only to divide the capsule of the tumor with the scissors in order to remove the whole growth. The base of the tumor measured about two inches in diameter.

After its removal, Dr. Emmet followed his usual custom of washing out the uterus with warm water, and then painting the whole of its cavity with Churchill's tincture of iodine, as a precaution against septicæmia.

In speaking of the *rationale* of the operation, Dr. Emmet stated that he thought the steady traction arrests and prevents hemorrhage by exciting the uterus to contract behind the tumor and thus to compress the bleeding vessels; and that although the traction brings the tumor nearer and more convenient for removal, yet that it is the contraction of the uterine wall which is the efficient agent in lifting the tumor from its bed and enucleating it.

4. In this paper Dr. Sims details eight cases of large intra-mural fibroids, in six of which the tumors were successfully removed. Of the other two, one died from peritonitis, after the use of a sponge tent introduced as a preparatory measure, and the other barely escaped with her life from the constitutional disturbance produced by the same cause.

Dr. Sims enunciates two guiding principles to be observed in the artificial removal of intra-uterine fibroids: 1. The cervical canal must be freely opened. 2. The tumor must be freed from the restraint of its investing capsule.

In detail, his plan of operating is as follows: The patient must be placed under the best hygienic conditions, and then, the cervix having been widely opened the previous night by as many sponge tents as can be introduced at one time, the patient is placed in the semi-prone position and the vagina opened with a Sims speculum. The presenting portion of the tumor is seized with a strong vulsellum, and pulled forward, and its capsule opened with scissors, cutting squarely into it, and taking care not to separate the capsule from the cervix. The finger is then passed into the opening thus made, between the tumor and its capsule. This latter should be left attached to the walls of the uterus, but should be divided all around in close proximity to the borders of the cervix. The tumor being firmly held by the vulsellum, a rectangular hook, called an enucleator, is pushed rapidly up between the tumor and its capsule as far as the fundus on every side, and swept around the tumor until all the cellular and fibrous tissues connecting it with its capsule are severed. This having been accomplished, a strong double hook is passed up behind the tumor as far as possible into the cavity of the uterus, and, grasping the tumor, the latter is pulled down and slightly rotated on its vertical axis, the enucleator still pursuing its work of detachment. As the tumor comes down, the hook is passed farther up and fastened again, and thus the growth is finally brought outside the vulva. After the removal of the tumor, loose shreds are cut away with scissors, and the uterine cavity firmly plugged with iron-cotton for twenty-four hours. Should fetid discharge and septic symptoms appear, the cavity of the uterus should be freely washed out with warm, carbolized water.

From the foregoing articles on uterine fibroids, one may gather the present drift of treatment in this disease. It is evidently toward the most radical means for removal. And yet there has never been a time when such means seemed less necessary. Hildebrandt, and many others, have reported cases (now quite numerous) in which uterine fibromata of large size have either entirely disappeared or been so reduced in size as to render them comparatively innocuous, by the persistent use of ergotine alone, given hypodermically or otherwise. And it is presumptuous, if not absurd, to say, in answer to these reports, that the cases were uterine hyperplasia or perimetrical inflammatory exudation, and not uterine fibroids at all, as has been done by Dr. Mannel.

While it is unquestionably true that many uterine fibroids may be safely removed by surgical procedures—and we regard the plan pursued by Drs. Sims and Emmet as the best for sessile growths—it is equally true that in many others operative measures are exceedingly dangerous. Hence, although the great degree of success claimed by Dr. Hildebrandt has not perhaps been equaled by others who have made trial of the ergotine treatment, yet in almost every suitable case in which the use of the drug has been persisted in for a sufficiently long time, there has been marked improvement in the general health of the patient, hemorrhage has been lessened or entirely checked, and pain has abated or disappeared.

In the present state of our knowledge of this subject, we regard the surgical removal of intra-uterine sessile fibroids as imprudent and improper, unless a dangerous amount of hemorrhage, pain, or exhaustion remain after a full trial of the ergotine treatment; for it is only the presence of these symptoms that justifies or necessitates any interference with such growths.

ARTICLE II.

PROGRESS OF SURGERY.

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1. Bloodless Surgery. Report of Prof. ESMARCH's Address. (*The Medical Press and Circular*, London, Oct. 21, 1874.)
2. Bloodless Surgery, by means of "The New Septic Cautery." (*Braithwaite's Retrospect*, July, 1874.)
3. Amyloid and Fatty Liver in Relation to Operations. By RICHARD BARWELL, F. R. C. S. (*London Lancet*, Oct., 1874.)
4. Surgical Treatment of Aneurisms. By Mr. T. HOLMES. (*The Practitioner*, London, Oct., 1874; *British Medical Journal*, Aug. 8, 1874.)
5. Incision versus Excision of the Knee in Children. By Dr. EDWARD LUND. (*The British Medical Journal*, *The Boston Medical and Surgical Journal*, Oct. 29, 1874.)

1. During a visit to London, Professor Esmarch, in an address delivered before the Clinical Society, took occasion to expound his method for the performance of bloodless operations. He prefaced his remarks by observing that many surgeons with whom he had conversed during his visit, were imperfectly acquainted with his method. Some, he found, used it, but not rightly; others did not consider the prevention of loss of blood important.

The object of the method is to secure good results in surgery, and the proof of its value is to be found in its influence on the mortality after operations, especially after amputations of limbs. Prof. Esmarch claims to have obtained striking results in the comparison of statistics of cases in his own practice prior to and after the introduction of his method. Its employment is by no means limited to operations on the limbs, but may be readily applied to other parts. In cases of excision of the shoulder-joint, a piece of elastic tubing may be passed around the arm-pit, and held over the shoulder by an assistant. Professor Esmarch illustrated this by

the following case: A man between fifty and sixty years of age, suffering from a myxo-sarcomatous tumor of two years' growth, the size of an ostrich egg, in the axilla. Its removal was absolutely necessary, on account of the intense pain it occasioned. The tumor was wedged in between the scapula and the chest wall, firmly adherent to and moving with the former, but not with the humerus. The growth was thought to originate from the sheath of one of the cords of the brachial plexus; and, on account of the probability of recurrence, removal of the whole arm with the scapula was decided on. The arm having been bandaged with elastic webbing as far as the shoulder, a portion of the clavicle (outer two-thirds) was removed in order to ligature the sub-clavian, the pulsation of which could not be felt from the surface. Both artery and vein were ligated, the cords of the brachial plexus cut across, and the arm, together with the scapula, was removed by anterior and posterior flaps. The edges of the flaps were united by sutures, and under the use of carbolized oil dressing they speedily united. The report does not inform us how much, if any, blood was lost during the operation.

Prof. Esmarch explained to the Society that erectile tumors of the scalp in children can be readily removed without hemorrhage, by the introduction of needles, and the application of elastic tubing around the tumor. The method can likewise be made effectual in operations upon the male genital organs. The following case will serve to illustrate its use upon these parts:

An old man suffered from extensive epithelioma of the penis, involving the under surface of the penis and the scrotum, forming a cauliflower mass the size of the palm of the hand. Urine escaped from a fissure in the centre of the growth. The inguinal glands were much enlarged, and there was great emaciation. For the operation, an elastic tube was passed around the root of the penis, over the front of the thigh on each side, and crossed over the sacrum. The penis and anterior wall of the scrotum

were now removed, together with the enlarged glands in the groin, with the integuments covering them; an incision in the median line having been made, the scrotal flaps were made to cover the exposed surface in the inguinal regions, and the urethra attached to the edges of the wound. Shortly after the operation death occurred from extensive cancerous deposit in the lungs.*

With regard to the results of the method, of three hundred cases in which it had been used, no evil had followed. In the longest operation, which lasted two hours and a quarter, and which was in a case of necrosis of both tibiae, with resection of one knee in addition, no harm resulted from the prolonged absence of blood.

2. The objection to the employment of Mr. Henry Smith's method for the removal of hemorrhoids (clamp and actual cautery) is to be found in the great inconvenience of heating the cautery by the ordinary bed-room fire, the bars of the grate being in many instances too high to permit the insertion of the point of the instrument in the midst of a clear bright fire, whilst the handle rests on the hearth; the alternative being to thrust the iron into the fire with the handle protruding horizontally, in which case it becomes heated in the stem as well as in the button, causing the handle to be dangerously "warm" to the operator.

Messrs. Matthews, of Portugal street, London, have invented for Mr. Henry Smith "The New Septic Cautery," an ingenious arrangement, which entirely removes all these inconveniences. "The Septic Lamp" is on the principle of the Russian blow-pipe, by which methylated spirit is boiled in an upper reservoir, furnished with a safety-valve, and the spray of spirit vapor ignited by a little flame beneath the upper reservoir. The jet of flame is protected by copper sides, on which the irons are

* (The operation in the particular case cited we do not consider judicious. The age of the patient, the great enlargement of the inguinal glands, the evident cancerous cachexia, forebode a speedily fatal termination of such cases after operation.—O.)

placed, and made hot at the button only. The whole affair folds compactly, in a little japanned box, which is furnished with a tin compartment to hold the spirit.*

3. In a clinical lecture, Mr. Barwell alludes to fatty and amyloid enlargements of the liver in cases of prolonged suppuration, produced by caries, necrosis and disease of the joints. He further remarks that a patient who has suffered long from free suppuration, whatever be its origin, falls into a state of considerable cachexia; the body loses much of its fat; the skin becomes pale, of an opaque hue, often also dry, rough and inelastic. In spite of general emaciation, the abdomen, more especially of children, is generally tumid, yielding a loud hollow note over the greater part of its surface. On passing, however, to the right side, this loud note will be dulled over a certain distance below the hypochondrium according to the extent of enlargement—sometimes as low as the crista ilii. The surface of the gland (liver) is quite smooth, and the organ not altered in shape, save that its lower edge may appear rounder and thicker than usual.

There is, then, a uniform increase in size, which does

* (The handles of some of the cautery irons crack, and the irons become spoiled in consequence of being frequently subjected to intense heat. This matter of heating the irons becomes at times a serious inconvenience, and renders impracticable the use of the cautery and clamp—a method which, for the cure of hemorrhoids, has no superior. Occasionally the room in which one is obliged to operate, has neither grate nor stove. In such a case, I sometimes use an ordinary charcoal furnace, to which there are grave objections, as it should not be used in the patient's room, during the administration of an anæsthetic. It is really objectionable in any part of a house. Moreover, the preparation of a fire in the patient's room, for the purpose of heating the irons, engenders a horror which should be avoided.

Messrs. Bliss & Torrey have just imported for me Messrs. Matthews' "Septic Lamp," above described. It is fitted in a little bag, containing Mr. Henry Smith's set of clamps, forceps, scissors, cauteries, etc., for hemorrhoids. The lamp in the japanned box fits neatly in the lower part of the bag, and the case of instruments in an upper compartment. By means of the blow-pipe lamp the button of the cautery iron is made hot in "two-minutes."—O.)

not affect, by pressure or obstruction, the portal circulation, since ascites is not present; and though it may diminish, it does not annihilate the secreting function of the gland, since the faeces are colored with bile, and there is no jaundice. This enlargement is due to the deposition in the constituents of the organ of oil globules in the case of fatty liver, or of a material called amylaceous, in the case of amyloid or lardaceous liver. The latter consists in the gradual infiltration of the liver with a material which appears to consist of homogeneous molecules—apparently a low form of protean, which hardens, thickens and whitens the organ, and, in some cases, destroys its function. The tissue thus affected is changed from its normal type of high organization to the lowest type of organic matter, which scarcely possesses life or function, which is hardly capable of undergoing change—even that last change of dead organism, putrefaction. Most writers on this subject consider the malady incurable.

Fat, in the shape of oil globules, is frequently present in the liver as the normal and temporary result of absorption from the intestine of oily ingesta.

The accumulation of such substance in the cells of the gland to a morbid extent may be due to a variety of causes. It is not unusual in wasting suppurative disease, as of the bones or joints. Since in healthy life fat is frequently present in, and as often removed from, the liver, it is plain that recovery from its morbid accumulation in that organ is a much more easy process, and a far more likely event, than restoration to the norm of a liver infiltrated with so immobile a material as that which constitutes the amyloid deposit. We are, therefore, often presented with problems which are of high importance and of extreme difficulty. The first concerns our power, or want of power, to discriminate during life between these two forms of liver enlargement; the second, our faith, or want of faith, in the power of nature to cure the

secondary malady, if it be amylaceous, when its exciting cause, the source of suppuration, has been removed.

Concerning the former problem, it must be said, that our means of differential diagnosis are very imperfect, the greater hardness or softness of the liver being our chief guide. Fatty liver does not reach the size to which an amyloid organ may attain.

Concerning the second problem, Mr. Barwell, so far as the liver is concerned, does not concur in the opinion that amyloid disease once commenced is of necessity a progressively fatal malady. Although it may be impossible to diagnose with certainty during life between these two forms of enlarged liver, we have nevertheless a certain and sure guide to practice.

The liver, as well as every other organ, must be carefully examined in cases of prolonged suppuration. If, after careful investigation, the absence of any sign of amyloid disease save the enlargement of the liver be determined, any operation for the removal of suppuration is not only justifiable, but our imperative duty. Without operation the patient must die; after operation, however hard, large, and changed be the liver, there is a fair, indeed a considerable, chance of recovery.

4. In his recent lectures upon this subject, Mr. Holmes gives the following conclusions as to the treatment of popliteal aneurism:

(1.) Rapidly growing aneurisms, with a thin or imperfect sac, are best treated by immediate ligature, especially when caused by recent violence; and the success of compression is doubtful in aneurisms growing towards the knee-joint, and in all others which advance rapidly.

(2.) The Hunterian ligature has been about twice as successful in modern hospital practice in this country as the results of the accepted statistics show it to have been.

(3.) The results of the compression treatment in the same hospital have given as yet about the same average results as those of the ligature; but these results might

be much improved by a more careful employment of the method.

(4.) Too long persistence in compression is to be deprecated as being likely to interfere with the success of the ligature.

(5.) Flexion is often successful when used so as not to distress the patient, and is worthy of trial in all cases in which it stops or materially checks the pulsation, but should not be long persisted in when it is not at once beneficial.

(6.) We have no evidence showing the utility of, or the need for, the less usual forms of treatment, such as galvanism, coagulating injections, manipulations, temporary ligature, or the introduction of foreign bodies.

5. At the last annual meeting of the British Medical Association, Dr. Lund argued that in a large proportion of cases under twelve to fifteen years of age, incision was a better operation than excision, in advanced inflammation of the knee joint. His method is to open the joint by an incision in its external side, and through this, by means of a curved cutting hooked knife, all adhesions were broken down, or cut through, in order to permit the bones to be replaced in a straight line. It was rarely possible to effect the latter immediately, but slight pressure, long continued, and extension, produce excellent results. It was, however, one essential condition of the operation, that it should be conducted entirely upon Mr. Lisler's system of antiseptic dressing.

Reports of Societies.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

Regular Meeting, Nov. 28, 1874.

(Reported by RALPH E. STARKWEATHER, M.D.)

Dr. John Bartlett, President, in the chair.

Prof. De Lafontaine gave to the Society his views upon the hydrate of chloral and its action, together with details of experiments made by him, and by Dr. C. P. Simon, upon rabbits, cats and sheep, by the hypodermic injection of the hydrate of chloral.

Prof. De Lafontaine thought that the hydrate of chloral diminished the available oxygen of the blood by the poisoning of the red discs by the carbonic oxide gas set free in the action of chloral, that a person frequently taking chloral suffers from its effects as he would from frequent venesection. In poisoning by chloral, the blood taken from the jugular vein, before death, is red as carmine; after death, for some time, it will not coagulate, and the condition is like that of one who dies from suffocation.

The test, by the spectroscope, for the carbonic oxide, was then given. If the blood is healthy, there will be the two dark bands of absorption, yellow and green: if the blood has been poisoned by the carbonic oxide, the bands will likewise be the same; but when treated by the hydro-sulphide of ammonium, the two dark bands coalesce in the normal blood; but there is no such effect whatever in that which has been poisoned. Chloral changes the form of the red corpuscles; their shape is lost, and they become elongated, shriveled and rugose. Frequent use of chloral will ultimately ruin the health, as much so as the constant use of morphine. Dr. Simon, in relating the experiments he had made upon sheep, remarked that he was not quite of the same opinion as to the danger of using hydrate of chloral, as expressed by

his friend, Prof. De Lafontaine. The subject of anaesthesia and chloral, and the experiments made by Dr. Simon and Prof. De Lafontaine, were then discussed by the Society.

Dr. Owens reported a case, which he had previously reported as recovered, in which the patient has since died. It was an operation for the removal of a colloid multilocular ovarian tumor. The patient died from septicæmia. A chart of the pulse, respiration and temperature of the patient accompanied the paper; and also a report by Dr. Danforth on the microscopical examination of the tumor and its contents. We give one only of the comments on this case, made by Dr. Owens, as the article is soon to be published: "In this case, the most practiced touch could not distinguish between a colloid growth and an ovarian encysted tumor. It would be well to tap before operating, and examine the material thus brought away."

Dr. Hollister read an elaborate article upon the subject of catalepsy, illustrating the same by details of a case of rare interest, under his care at the Mercy Hospital. By request, no notes of the paper were taken, as it is expected that it will be printed in one of the medical periodicals, in its full length.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

Regular Meeting, Dec. 14, 1874.

(Reported by RALPH E. STARKWEATHER, M.D.)

Dr. John Bartlett, President, in the chair.

Dr. P. S. Hayes read a report of two cases of amenorrhœa which had been treated in the Woman's Hospital of the State of Illinois.

The first case was one of amenorrhœa from infantile uterus and ovaries, treated by dilatation, local applications and electricity.

History. Mrs. H., colored, twenty-three years of age, came under observation June 7, 1873. Has always been

delicate, and suffered from numerous indispositions. Her first menstrual period occurred when she was seventeen years of age. Since that time at irregular periods there has been a slight sanguineous discharge from the vagina. Each month she has a return of pain in the back, limbs and head, accompanied occasionally by epistaxis. She is habitually constipated.

An examination made by Dr. A. Reeves Jackson disclosed an infantile uterus; the sound passing into the uterus measured only three-fourths of an inch; neither ovary was distinguishable.

Treatment. The uterus was dilated by means of sponge tents, which, however, gave rise to a mild peritonitis. The depth of the uterine cavity had been increased to one inch. During the period of treatment, there occurred a sanguineous discharge from the vagina. After an interval of five months she resumed treatment, and Dr. Hayes employed the Faradaic current, passing it transversely through the pelvis. Afterwards, the galvanic current from fifteen elements was employed in conjunction with the Faradaic. Improvement was only very slight, and then both currents were applied to the canal and cervix. After twenty-four applications of electricity the uterus appeared to be in the same condition as at the commencement of treatment.

Case II. Amenorrhœa occurring after menstruation had been established, cured by the use of electricity. Mrs. B., colored, twenty-seven years of age, began to menstruate at the age of fifteen and was married at eighteen. Since her marriage her health became much impaired, and her catamenia irregular both as to time and quantity; three or four months frequently intervened between them. She has never been pregnant. She complains of an irritating leucorrhœal discharge, and of pain in the head and in the mammary and ovarian region, and of a frequent and painful desire to micturate;

bowels constipated. On examination by Dr. Jackson, it was found that the uterus was in its normal position ; cervix a little elongated ; the os was somewhat nodulated, and had a tenacious mucous plug projecting from it. The sensitiveness of the vaginal walls was abnormal ; the breasts were long and flabby.

Treatment. A pill of aloes and myrrh, and electricity. Dr. P. S. Hayes applied the Faradaic current, continued through ten minutes, as follows : one of the electrodes was placed alternately over each ovary and the uterus ; the other electrode over either sacro-iliac synchondrosis, the current being frequently reversed, making the electrodes alternately positive and negative. The treatment was followed by a return of the catamenia, at first scanty and lasting for one day ; the last two each continued three days, and were quite normal in every respect ; the disagreeable subjective symptoms had gradually disappeared. Twelve applications of electricity similar to the one above described, had been given.

Dr. F. H. Davis read a report of two cases of obscure nervous diseases, which had been under the care of Dr. N. S. Davis.

Dr. Bartlett extended an invitation to the members of the Society to examine some fifty slides which he had prepared, containing the blood, secretions, and excretions of ague patients, demonstrating the ague-plant. His investigations have been continued, and results largely increased by recent study in a malarious district of a neighboring State.

Hospitals.

ST. LUKE'S HOSPITAL, CHICAGO.

Colloid, Multilocular-Ovarian Tumor—Ovariotomy—Septicaemia—Death.

(Under the care of JNO. E. OWENS, M.D.)

Mrs. C., aged 57 years; a thin, sallow woman, and of perfectly even temper; was admitted to the hospital February 24, of the present year. Seven months previous to admission, she discovered a tumor in the *left* iliac region. The tumor had increased in size, so that the patient presented the appearance of one advanced to the eighth month of pregnancy. Fluctuation was quite distinct, and the mass freely movable from side to side. Several cysts were made out. Mrs. C. was the mother of seven children, five of which are living—the last being thirteen years old. Menstruation ceased seven months before admission. The animal functions were regularly performed, the urine normal, and the uterus not enlarged. The general health had not very materially failed. The patient had never been tapped. Dr. De Laskie Miller was of the opinion that the comparatively rapid growth of the tumor suggested a malignant element in the case.

The tumor was removed February 28. The patient not being easily affected with æther, chloroform was substituted, until the production of anæsthesia, which was then maintained with æther. The incision began one and a half inches below the umbilicus, and extended towards the pubis four and a half inches. The abdominal walls were very thin, and but a few drops of blood appeared in the line of the incision. There were no adhesions. A large cyst, with very fragile walls, presented. During the manipulation of this, in order to introduce the trocar, the cyst wall ruptured, exhibiting almost colorless, jelly-like, colloid matter, remaining *in situ*, even after a tolerably free laceration of the cyst-wall. The patient

having been turned on the left side, the colloid matter was scooped out. Other cysts were ruptured, and voided through the first one, till by gentle traction and by pressure the tumor was delivered. It was a degeneration of the *right* ovary, and attached by a well formed pedicle, which, together with the cysts, can usually be the most conveniently managed by turning the patient upon the side opposite to that from which the tumor grows. The vermiform appendix was greatly distended with colloid matter, and presented, upon its external aspect, minute cyst-like collections of the same. The peritoneal lining of the lower coils of intestine was inflamed, and resembled in condition, "granular lids." The pedicle having been secured by Atlee's clamp, the abdominal wound was closed by means of three pins extending through the peritoneal lining, and as many silk sutures penetrating the skin only. The lower end of the wound was left open for the sake of drainage. A wad of cotton batting and a flannel roller completed the dressing. The patient was put in a warm bed, in a well ventilated room, and a two-grain opium suppository placed in the rectum.

The tumor weighed sixteen pounds. The patient died of septicæmia, on the tenth day from the date of the operation.

During the first four days, the case progressed favorably. There was no pain, the patient slept well, without anodynes, and seemed perfectly undisturbed in every respect. There was an occasional regurgitation of the fluid contents of the stomach. This was effected, however, without effort, and without change of position. She took ice *ad libitum*. The diet consisted of milk toast in the morning and evening, and beef tea at intervals through the day and night. At the end of the third day the nurse noticed an offensive odor about the patient, when the bed clothing was disturbed. On the fifth day the wound having united, except at its lower end, and at that portion through which the pedicle passed, I removed one pin, a silk suture and the clamp. Upon the removal

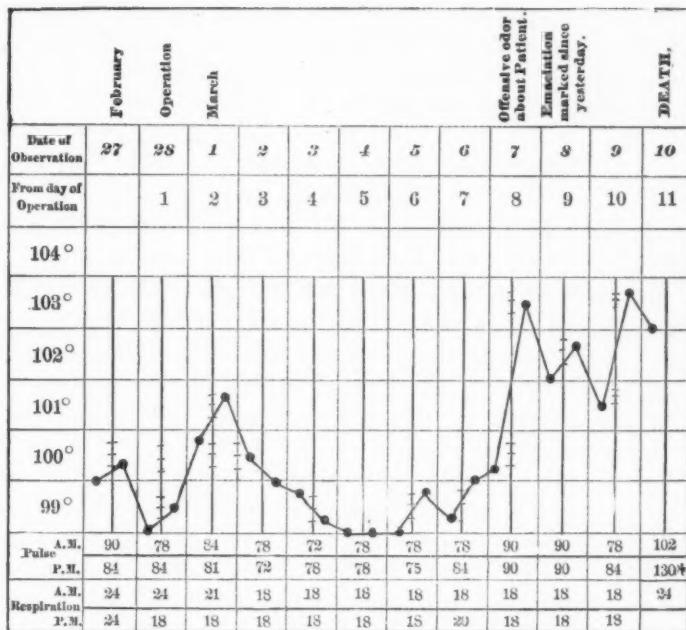
of the tent from the lower extremity of the wound, one or two drachms of blood-tinged pus escaped. The remains of the pedicle were black and offensive.

7th day. An occasional regurgitation—an offensive odor about the patient, arising from the sloughy remains of the pedicle. By the traction of the latter, at its point of attachment to the abdomen, the wound was drawn inwards, making quite a deep cup-like cavity. This was kept open with carbolized lint; ordered an injection of warm castor oil (one ounce), which in an hour effected a copious and painless evacuation. The lower extremity of wound closing.

8th day. Emaciation of face marked, since yesterday; lint in the wound rapidly became offensive and required changing four or five times daily; patient takes a moderate quantity of nourishment.

10th day. She passed a bad night. The intestines became distended with gas, which caused more or less pain till three o'clock, A. M., when, after a copious alvine evacuation, she became comfortable, and slept till daylight. The patient looked badly, and had grown quite sallow and drowsy; moderate pain on pressure over the abdomen, significant of a low form of peritonitis; an opium suppository at noon. At 1.20 P. M. the patient suddenly began to sink; brandy was administered, but she did not rally, and died at 4.10 P. M.

Remarks. Should not every patient be tapped at some time previous to the time for the removal of the tumor, in order to add to the material to be considered in diagnosis? The information thus gained would be negative or otherwise. Take, for instance, a case like the one under consideration—an ovarian cystic colloid tumor, which, upon palpation, gave every indication of fluid contents. The rapidity of its growth, however, suggested the possibility of malignancy. Tapping would have revealed the fact that that which seemed to be fluid, was really colloid matter. Certainly the most practiced touch cannot discriminate between colloid matter and fluid, by palpation.



Chart, showing Pulse, Respiration and Temperature.

This assemblage of signs—rapid growth, fluctuation upon palpation, and the negative results of tapping, are elements in the diagnosis of colloid cancer, or colloid metamorphosis of an ovarian cystic tumor.

Is any portion of the intestine ever adherent to the abdominal wall in the line of the incision? It is well known that, in the progressive growth of ovarian cysts, the intestines are pushed backwards and are so found at the time of operating. Mr. Christopher Heath, however, in the "New Sydenham Society's Biennial Retrospect of Medicine and Surgery, 1871 and '72," records a case in which he operated for ovarian disease, and in enlarging the abdominal wound with scissors, divided in three-quarters of its circumference an empty coil of intestine which was closely adherent to the abdominal wall. He stitched the intestine to the abdominal wound, and so

formed an artificial anus. Mr. Heath remarks that he believes no similar case is on record. Should such an accident occur, he thinks the plan he adopted the best which can be carried out.

SECTIO CADAVERIS, — HOURS AFTER DEATH.

By I. N. DANFORTH, M.D.

Body much emaciated ; some post-mortem discolorations posteriorly ; rigor mortis slight. The wound was quite firmly united, with the exception of the middle third, from which the pedicle protruded. From this portion of the wound a dark-brown or blackish, thin fluid escaped, in small quantity, which was afterwards found to proceed from the degenerating stump of the pedicle.

Head.—Not examined.

Thorax.—Neither the lungs, heart nor great vessels presented any pathological lesions. Considerable post-mortem hypostasis of blood was observed in the posterior portions of the lungs, and recent heart clots, small, soft, and dark red, were found in both ventricles.

Abdomen.—The peritoneum was mainly healthy ; near the margin of the wound, however, traces of recent inflammation were apparent. In two or three places the coils of intestines were glued together by recent but easily disrupted adhesions. The abdominal cavity contained a considerable quantity of straw-colored serum, in which floated a few—but *only* a few—fibrinous flakes. It was found that the pedicle of the tumor was isolated or pocketed by adhesions extending quite around it, and that it (the pedicle) was situated in the centre of this pocket, or cup-shaped depression. It was bathed in a dirty dark-brown, thin fluid, but this fluid was not very offensive. As this peculiar substance was not met with elsewhere, I infer that it was the product of the strangulated portion of the pedicle. Stomach, small intestines, liver, pancreas, spleen and kidneys, healthy. The large intestine was also in a healthy condition, except that anatomical and physiological puzzle, the “appendix

vermiformis cæci," which was excessively distended by a deposit of colloid matter, precisely similar in gross and minute appearances to the matter composing the ovarian tumor, to the minute structure of which I shall allude more particularly hereafter.

The cavity of the uterus measured three and one-half inches in depth from the os to the fundus. The muscular wall of the uterus was considerably thickened, but otherwise healthy. The right ovary was gone, but in its place the stump of the pedicle was found, which was apparently healing kindly. The left ovary consisted mainly of a bunch of cysts, from the size of a small shot up to that of a grape; each cyst was filled with colloid material precisely like that composing the right ovarian tumor; that is to say, the Graafian follicles of the left ovary had already undergone colloid degeneration, and had started on the same career which proved so disastrous to the right ovary.

Projecting from the anterior superior wall of the uterus just below the fundus, and apparently imbedded in its muscular structure, I found a growth about the shape and size of a goose's egg, which had the appearance of being a cyst, although to the touch it was exceedingly dense and hard—harder, indeed, than any cyst I ever saw. Upon attempting to incise this mass my knife immediately came upon something which seemed to be bone. A longitudinal incision was now carried through the entire extent of the outside portion or fibrous covering, which was carefully dissected off so as to perfectly expose the bony mass. It proved to be the remains of a uterine fibroid which had undergone quite complete calcareous degeneration. The microscopic structure of the colloid material of which this tumor was composed, proved to be unusually simple. If a thin specimen be held between the eye and a strong light, it appears to consist of a structureless, jelly-like material, traversed by a multitude of parallel white lines. If a section be examined by a low power (a one-inch objective) these lines appear

to be made up of little granular bodies, arranged in regular rows, or files, but the intervening colloid material still appears hyaline and structureless; if the power be increased to 250 diameters, the rows of granules are seen to be rows of "cells"—that is, as we now understand the term. These cells possess neither "walls" nor nuclei; in fact, they are what would formerly have been called "free nuclei." Practically they are simply masses of germinal matter, engaged in the low-lived business of developing the so-called "colloid" material in which they are imbedded.

Clinics.

COOK COUNTY HOSPITAL.

Clinics for November. Surgical Department. Service of PROF. E. POWELL.

(Reported by F. C. WINSLOW, M.D., Assistant Physician.)

- I. Stricture of the rectum.
- II. Use of the warm bath.
- III. Degeneration of the tibia.
- IV. Caries of the astragalus.
- V. Keloid tumors.
- VI. Contusion of the genital organs—Retention of urine—Cystotomy.

I. *Stricture of Rectum.* The patient is a woman about twenty-five years old. She has had trouble in the rectum ever since she can remember. Has been troubled more or less with diarrhoea, the faeces being passed in small quantities and with difficulty. Examination reveals a stricture of the rectum two inches and a half above the anus through which it is impossible to pass the tip of the index finger. The stricture can be seen plainly with the aid of a Sims' duck-bill speculum, which instrument should always be used for inspection of the bowel. Malignancy is excluded, from the fact that a stricture

due to the presence of scirrhous would run its course more rapidly, and also from the absence of constitutional symptoms.

The treatment will be conducted upon the plan of dilatation, commencing with a No. 13 flexible urethral bougie and continued by the gradual substitution of larger sizes.

II. Use of the Warm Bath. In two cases where symptoms of hospitalism exhibited themselves following slight operations, the following course was pursued: The patient being at the time in a state of nervous irritation, tossing on the bed and complaining of pain, with a pulse 110 per minute and a temperature of 101 degrees, was stripped and placed in an alkaline bath as hot as could be borne, and at the same time potass. brom. gr. xl. was administered. He was permitted to remain in the bath twenty minutes, when he was placed in bed and warmly covered with blankets. Profuse sweating followed the treatment. The temperature came down to 98 degrees, and the patient sank into a refreshing sleep, lasting several hours.

The treatment was repeated every few days as it became necessary.

III. Degeneration of the Tibia. The patient is a young woman who received a slight injury upon the leg, six years ago. At present, the anterior aspect of the leg is the seat of a large ulcer, the surface of which is covered with loose, flabby granulations. The tibia was hypertrophied, and consisted of merely a shell of bony tissue upon the outside—the centre of the bone being occupied by a collection of fat and fibrous tissue, soft, friable, and easily scooped out with the "spud." Amputation was advised, but the patient refused to submit to this operation.

IV. Caries of Astragalus. The right ankle was the seat of numerous small openings communicating with

the bone. The limb has been affected for over a year, commencing with pain and swelling, but without any injury having been received.

The patient is anaesthetized and a semicircular flap of integument raised from the internal aspect of the ankle. Examination showed the astragalus in a carious condition, the entire centre of the bone being softened, leaving only a thin shell of bone. It was decided to amputate the leg at the junction of the lower and middle third. The subsequent progress has been good.

V. Keloid Tumors. The affection exists in a negro about forty years of age. He has had the tumors over thirty years, and they are of all sizes, and located all over the neck, trunk, arms and legs. They are not painful, the principal inconvenience being an itching and burning sensation, prompting to constant scratching. One or two of the larger ones have taken on suppurative action, discharging a thin ill-smelling fluid. He is pretty well nourished, has a good appetite and sleeps well. Says that a good deal of his life has been spent in hard labor, but for the last few years he has not done much but try to cure himself. To this end he has visited watering places, bathing and drinking the waters, but has so far received no benefit.

In this case, excision is not practicable, as it would be necessary to skin the man in order to remove them all. He states that one or two have been removed, but quickly reappeared in the same place. He takes a warm bath daily, for the relief of the irritation of the skin, and beyond this nothing is being done for him yet.

VI. Contusion of the Genital Organs—Retention of Urine—Cystotomy. The patient was caught between the tiller of a canal boat and the side of the cabin, and suffered severe contusion of the penis and testicles. The accident occurred at 9 P. M., and the patient was brought in the following morning.

He had not passed urine since some time in the afternoon before the injury was received. He was in great distress, and examination revealed the fact that the penis, scrotum and perineum were infiltrated with urine. The operation of perineal section was performed, and the bladder emptied. On regaining consciousness the patient expressed the great relief he experienced as compared to his previous condition. Several free incisions were made in the penis, through which the infiltrated urine might escape. Owing to some tumefaction of the wound the urine was drawn for a few days by means of a flexible catheter introduced through the opening in the perineum. The case progressed without a single untoward symptom.

Editors' Book Table.

[NOTE.—All works reviewed in the pages of the CHICAGO MEDICAL JOURNAL may be found in the extensive stock of W. B. KEEN, COOKE & CO., whose catalogue of Medical Books will be sent to any address upon request.]

THE REPORT OF THE CHICAGO RELIEF AND AID SOCIETY, OF DISBURSEMENTS OF CONTRIBUTIONS FOR THE SUFFERERS BY THE CHICAGO FIRE. Printed for the Chicago Relief and Aid Society, at the Riverside Press. 1874.

This Report constitutes an interesting chapter in the annals of Chicago, and a record of, perhaps, the grandest charitable impulse which ever stirred the sympathies of the world.

Beginning with a brief sketch of the history and topography of the city, and its condition at the time of the fire, to which is superadded a mere mention of the disaster itself, and a somewhat more detailed statement of its results upon the inhabitants, the Report proceeds to the narration of the measures taken for the care of the home-

less, the protection of life and property, and the re-establishment of the demoralized municipal government.

The record of the expressions of sympathy from almost every quarter of the habitable globe, is full of interest, and the telegrams and letters by means of which these expressions were conveyed, should be treasured most carefully among the choicest archives of the city, which will serve in the future as reminders of our duty to our neighbors, as stimuli to our charity to those in similar situation.

The Relief and Aid Society have done a noble work, and have done it nobly and faithfully. The amount of administrative ability brought into its organization and continued maintenance, must attract the admiration and merit the respect of the world ; and their "Report" will stand an enduring monument of charity, of fidelity and honor.

H.

We welcome with much pleasure to our exchange list a new medical journal from our sister Republic, Mexico. The first and second numbers of the "Repertorio Jalisciense de Medicina y Cirugia Practicas," have just made their appearance, under the dates Oct. 15th and Nov. 1st.

The Journal is a semi-monthly, having a numerous corps of contributors, *i. e.*: Messrs. Agraz, Arce, Arias, Benitez, Camarena, J. M., Clement, Fuentes I., Garcia-diego, Perez, Puga, Torres, y Zavala, and is published at the City Guadalajara, in the State of Jalisco.

Its original articles are highly creditable to their authors, and indicative of a high state of medical education in the city of Guadalajara.

We are glad to recognize the good example which is herein placed before us, in the attention given to the subject of Medical Meteorology, a subject destined to reward its diligent cultivators with results which will throw much light upon the laws governing the operation of etiological and epidemiological influences.

In this particular department of science our sanitarians

might take some valuable lessons from the carefully arranged meteorological tables of Senor Fuentes, in which not only the thermometric maximum, minimum and mean indication are registered, but also the barometric pressure, variations in atmospheric pressure upon the human body, the hygrometric condition, the rain-fall, the direction of the wind, and the state of the sky, are carefully recorded for collation with the tables of public health and mortality.

Senor Arce reports a case of successful ligation of the primitive carotid artery, necessitated by a gun-shot wound in the neck.

The Editors of the *Repertorio* are Srs. Clement, Director, S. Garciadiego, N. Puga, to whom we extend a cordial welcome into the field of journalism. H.

THE SCIENCE OF HOMEOPATHY; OR A CRITICAL AND SYNTHETICAL EXPOSITION OF THE DOCTRINES OF THE HOMEOPATHIC SCHOOL. By *Chas. J. Hempel, M.D.*, Author and Translator of a number of standard works on Homeopathic *Materia Medica* and Practice, Honorary Member of several foreign and American Homeopathic Colleges and Societies. Bericke & Tafel, New York, Philadelphia, Baltimore and San Francisco.

Although regarding this work from a point of view far removed from that occupied by the author, we nevertheless find ourselves in perfect agreement with some of his propositions. For example, in the first part of the work, in which the author discusses the "Philosophy of Homœopathy," and more especially that phase comprising the subject of infinitesimal doses, and "feels likewise called upon to testify to the efficacy of the higher preparations, even the two hundredth, of arsenic," etc., etc., etc., . . . "but is not prepared to assert that a lower preparation would not have acted equally well in the cases where these high attenuations produced positive and even brilliant results"—which, in our humble judgment, annihilates the whole theory of potencies.

As an illustration of the permissibility of palliative

treatment, on page thirty-three we are told that "a boy nine years old, with consumptive habit, was attacked with racking cough and fever," "had been sick some days," had "burning fever, paroxysms of racking cough, hectic flushes on the cheeks; great dyspncea; marked dullness over the whole chest, especially over the upper lobes of the lungs, no respiratory murmur perceptible in the upper half of the chest; pulse 130; bowels constipated; urine scanty and cloudy; slight remission of the symptoms in the forenoon. I treated the child for a whole week with aconite, bryonia, phosphorus, arsenicum," etc., etc., . . . "without being able to effect the least improvement in the symptoms." . . . "At the request of the parents I gave the child a little morphine, in order to afford him some sleep, for which purpose I dissolved half a grain in ten teaspoonsful of water, of which solution the child was to take a teaspoonful (*one-twentieth of a grain*) every half hour until he dropped asleep." "On my next morning visit I was surprised to find the child not only alive, but sleeping sweetly," etc., etc. . . . "In a week after his improvement had commenced he was playing again in the open air,"—after which Homœopathy might exclaim, Save me from my friends!

Later, we are told, "There is a correspondence between the drug-germs in the crust of our planet and the morbid properties inherent in the tissues of the human organism." And again, "In order to cure a pathological disease, we apply to it the drug by which it is typified in nature"—which aphorism, we suppose, embodies the principle, "*similia similibus curantur*," and recalls vividly the same principles of therapensis involved in some of the prescriptions contained in old Gervaise Markham, who tells us, "For broken bones, bones out of joint, or any grief in the bones or sinews, oil of swallows was pronounced exceedingly sovereign." The said oil of swallows was to be procured by "pounding twenty live swallows in a mortar," etc.

This looks like the "Doctrine of Signatures," of Oswald Crollius, revived, who taught that as "Walnuts are said to have the perfect signature of the head; the outer crust, or green covering, represents the *pericranium*, or outward skin of the skull, wherein the hair groweth, and therefore salt made of those husks is exceedingly good for wounds in the head. The kernel hath 'the very figure of the brain,' and therefore it is very profitable for the brain, and resists poisons." In what does this differ from the dictum on page 63 of this "Critical and Synthetical Exposition": "the capacities of the specific drug powers in the crust of our planet correspond with specific capacities for disease, and that fully developed drugs correspond with fully developed diseases"?

On the same page we are told that "Vital Force" "is nothing less than the spiritual or living organism."

Of this book, we must be permitted to say that it must be studied in order to be fully appreciated. H.

CYCLOPÆDIA OF PRACTICAL MEDICINE. Edited by Dr. H. Von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria.

Vol. I. Acute Infectious Diseases. By Prof. Liebermeister, of Tubingen, Prof. Lebert, of Breslau, Dr. Haenisch, of Griefswald, Prof. Heubner, of Leipzig, and Dr. Oertel, of Munich. Translated by R. H. Fitz, M.D., and Charles P. Putnam, M.D., of Boston; Arthur Van Harlingen, M.D., of Philadelphia; James T. Whitaker, M.D., of Cincinnati; Edward W. Schaffler, M.D., of Kansas City; and Francis Delafield, M.D., Horatio Bridge, M.D., J. Haven Emerson, M.D., Thomas E. Satterthwaite, M.D., Lewis A. Stimson, M.D., and Normand Smith, M.D., of New York.

Albert H. Buck, M.D., of New York, editor of American Edition. New York : Wm. Wood & Co. 1874.

The present volume initiates one of the greatest enterprises in the field of medical literature ever undertaken; by the side of which our old Cyclopædia of Forbes & Tweedie, and the more recent "System" of Reynolds, appear dwarfed. In no other land than Germany, perhaps, could the patient research, the plodding industry,

the unflagging zeal absolutely necessary to the accomplishment of such a task, have been found; and while awarding to the Germans full credit for the possession of all these qualities, we must at the same time especially commend the boldness of our countrymen, the translators, editor, and publishers, which has prompted them to give the work to the profession on this side of the water, contemporaneously with its appearance on the other—an enterprise which is peculiarly American.

Of the authors of the treatises which constitute the present volume, Prof. Lebert, of Breslau, is from his age and eminence best known upon this side of the water, more especially by means of his researches in the pathogenesis of tubercle and cancer. The name of Liebermeister is perhaps the next in the order of our acquaintance. The rest, however, have not been idle, and though yet young, have made their names familiar sounds to the German medical student.

The present volume comprises the subject of ACUTE INFECTIOUS DISEASES, and contains articles upon Typhoid Fever, both regular and irregular, and upon the Plague, by Liebermeister; upon RELAPSING FEVER, TYPHUS FEVER and CHOLERA, by Lebert; upon YELLOW FEVER, by Haenisch; upon DYSENTERY, by Heubner; and upon EPIDEMIC DIPHTHERIA, by Oertel.

These treatises are voluminous, constituting a volume of seven hundred pages, to which is appended a very complete and satisfactory index.

Liebermeister's treatise upon Typhoid Fever is comprehensive, and the views therein expressed in harmony with those of the best observers in England and in America, to whom, however, he does not refer, basing his conclusions upon evidence drawn almost exclusively from the observations of French and German authorities.

The specific distinctions between typhoid and typhus are well and clearly drawn, and the contagious character of the latter and the non-contagiousness of the former asserted.

The author's conclusions concerning the etiology of the disease are not as satisfactory as is desirable. He rejects the influence of exhalations from excrementitious deposits—sewers, privies, etc.—as efficient causes of the disease *per se*, but assigns this agency to these, and to the imbibition of water contaminated with these matters when containing the specific *typhoid poison*. Here he is guilty of a petitio principii. His theory necessitates the introduction of the specific poison as an essential factor. But from whence does he derive this essential factor? Just here the author leaves us, no closer to the origin of the disease than before; since he will not admit its production by the decomposition of excrementitious matters.

The relations of these causes to the disease are more fully determined, in considering the season of maximum prevalence of typhoid fever, which has been found to differ slightly in different localities. This difference has been found to correspond closely to the differences in the depth of surface soil covering deposits of decomposing organic matters, and also with the period of greatest dryness of atmosphere, and depression of water level in the soil.

These relations above noted do not differ essentially from those apparent to careful observers of the disease in this country. The correspondences of the ranges of temperature with those of the pulse, and the value of these correspondences as prognostic data, are fully set forth, and well illustrated by diagrams.

The description of pathological changes in the intestine, recognized as the essential lesion, and demonstrated by numerous autopsies, is elaborate and graphic. The chapter on prophylaxis is brief but comprehensive, and may be summarized in one sentence: "The points which should receive the greatest attention are drinking water and privies."

The discussion of treatment is very full and complete, including all, or nearly all, to be said upon the subject, one point therein deserving special attention, *i. e.*, the

favorable testimony which the author gives to the value of calomel and cold water, and the inutility of iodine, Quinine, veratria, and digitalis, as remedial agents, receive full consideration, but we must be permitted to say that the author's rules for the administration of the latter drug, digitalis, are by no means clear or satisfactory. On page 217 he says, "Digitalis is only to be used in those cases of typhoid fever in which there is no considerable degree of cardiac weakness, where the pulse is not yet extremely frequent, or, at least, is still pretty strong. The rule for its application is just the opposite to what it is in diseases of the heart; now the more frequent the pulse the less the digitalis is indicated. The impending paralysis of the heart is not prevented by the use of this drug, but seems rather to be favored thereby. No special harm is done, in patients with powerful action of the heart, if the administration of a large dose causes nausea and vomiting, of course the medicine must be then stopped." By comparison with the statements of the heart's action on page 82, and its histological changes on page 107, the paragraph quoted above seems somewhat discordant, and in view of the essential relations of cardiac weakness to typhoid fever, and clinical observation of the influence of digitalis in this and similar conditions, seems, to say the least, paradoxical.

There is one other point in the therapeusis, or rather the nutrition of cases of typhoid, to which we direct attention for the purpose of recording a dissent from the author's views, sustained as they are even by so high an authority as Stromeyer, that "Oaten grits is the best thing to give to typhoid fever patients." How such principles of dietetics can be reconciled with the essential pathology of this disease, as ably set forth by our author, in obedience to physiological laws, is incomprehensible. We venture the opinion that the ingestion of farinaceous food under the circumstances here assumed, would almost certainly establish or aggravate diarrhœa, and thus exhaust the patient, directly and indirectly.

Taken as a whole, the article on typhoid fever is interesting and valuable, and will well repay careful study.

The article by the same author, Liebermeister, on the Plague, is interesting historically, although it cannot be said to have much practical value in a portion of the earth where the disease has been hitherto unknown, and will probably never appear. The data furnished by the history of this disease, however, are important in this regard, that, when collated with those supplied by the history of epidemiology at the present time, they supply confirmatory evidence, if that were needed, of the absolutely protective influence of rigid hygienic and sanitary precautions, and strict isolation of the foci of disease. Every additional fact deduced from observation of epidemics in every quarter of the earth, and in every epoch of its history, tends to the truth of the proposition that diseases, like fires, must be fought in front, and that if we cannot cure some of them, we can at least prevent them, which is better.

The second article of the present volume is by Lebert, on Relapsing Fever, the original locality of which he assigns to Great Britain and Ireland.

The author's views of the etiology of relapsing fever may be epitomized by a single sentence, quoted from page 263. "Relapsing fever, since Obermeier's discovery, is certainly one of those infectious diseases for which a protomycetic origin has been most positively established," and "my assistants, Weigert and Buchwald, and myself have examined the blood in all cases of relapsing fever under my care, with the aid of strong immersion lenses, and have arrived at the conclusion that those protomycetes are never absent during the period of invasion and relapse, although they diminish very quickly after defervescence." Without attempting to discuss here the germ theory of disease, we will take the liberty to animadadvert upon the superficial mode in which questions of this sort are in this, and in many another instance, decided, in utter defiance of any rules of logic.

That these "protomycetes" were invariably found in the blood of patients suffering from relapsing fever, is an isolated fact which admits of no deductions until collated with evidence which shall comprehend other sides of the subject. Nor is the additional statement, on page 264, that they "never have been found thus far in any other disease," sufficient to establish the author's opinions, for it is highly probable that they may not have been looked for as carefully under other circumstances.

The pathology of the disease, together with that of bilious typhoid, by some considered identical, is well described, as are also the history, geography, topography and symptomatology of the two diseases, comprising much valuable information, which will well repay attentive study.

The same author, Lebert, in his more elaborate article upon Typhus, indicates his adoption of the germ theory of disease in general, as we learn on page 304, where, in discussing its etiology, he uses the following language: "But that some such typhus-germ, of the fungus group, where microsphere, bacterium, or spiral formation, is the immediate cause, seems at least much more probable than any other idea."

The author assigns the birth-place of typhus to Ireland, and, of course, to be consistent with the germ theory, disputes the assertions of many Irish physicians, and of Virchow, that famine has any influence in the production of typhus. In considering the symptomatology of the disease, he asserts that petechial eruptions are present in eighty per cent. of the cases, and this fact seems to him an additional point of contact between this and the infectious exanthemata.

The sections on temperature, pulse and skin, are carefully prepared, though the discrepancy between the author's observations of temperature, and those of Wunderlich, are very striking. The affections of the nervous system are dismissed summarily, and indicate that the author has not regarded the disease very attentively from

this point of view. The sections on pathological anatomy, diagnosis and prognosis, are full and complete. Concerning treatment it may be said that the author places little reliance upon drugs, but much upon prophylaxis and hygienic measures. The only drugs indicated as valuable, are diffusible stimulants and quinine, with opium and morphine incidentally.

Lebert's treatise upon Cholera comprises a reliable account of the origin, history and progress of the disease so far as the successive epidemics in Western Asia and Europe have become the scenes of its ravages. Its appearance in North America is indicated in a paragraph of ten lines, and in this particular, as in all others, the authors of the different articles in this work ignore entirely the whole field of epidemiology in America. This cannot be regarded otherwise than as a defect in a work in many respects so admirable, as from the differences in physical geography, in climate, in topography, and soil, but above all else in social conditions and surroundings, the subject could not fail to present to the student in America data of great value in the formation of correct conclusions, and which might materially change those derived from observations made in other fields exclusively under conditions differing so widely.

The author asserts his belief, unequivocally, in the efficient agency of a cholera germ, and even attempts to identify it as belonging to the "protomycetes," and "probably to those of more rounded forms," to all of which assumptions we must interpose the Scotch verdict "non probatur." We do not deny the existence of cholera germs nor of typhus germs, etc., nor the array of facts adduced in support of the germ-theory, but until the missing links essential to the completeness of the chain of argument are supplied, they must remain in the category of unclassified facts. The symptomatology of the disease is well and clearly specified, although we would have been glad to see its neuro-pathological phase a little more minutely detailed.

The subject of Prophylaxis, international and local, is fully and satisfactorily discussed, and the "general regulations to be observed upon the appearance of cholera in a locality" clearly laid down.

It is clear that the distinguished author places much more reliance upon prophylaxis than upon treatment, upon which subject his recommendations are rather negative than positive.

Lebert's great reputation must command for this portion of the work the attention of all earnest students of practical medicine.

One of the best articles in this volume is that upon Yellow Fever, by Haenisch, who has evidently studied carefully authorities upon this side of the ocean, making free use of the writings of La Roche and others. The author's analysis of the conditions under which the disease occurs and is propagated, is clear, and is sustained by the experience of observers who have had the opportunity to examine the disease in infected localities. The section upon treatment, is not so full nor so explicit as is desirable.

Heubner's article on Dysentery and that of Oertel on Diphtheria conclude this first volume of the series.

Of the first, we may say that the author seems less under the domination of preconceived ideas than are some of his collaborators, and hence is less dogmatical in his assertions. The historical portion of his article is especially interesting. Concerning treatment, this author, too, is disposed to rely largely on prophylaxis and general principles, and we are inclined to think that this disease, as it has presented itself to him, must have assumed a milder type than that which will be found to characterize it as occurring in the practice of his American readers.

Oertel, in his article upon Diphtheria, proclaims his allegiance to the germ-theory in these words, quoted from Eberth, "*without micrococci there can be no diphtheria,*" and farther, in the same paragraph, proclaims his adhe-

rence to that of spontaneous generation, in asserting that the question, "whether they (bacteria) form in the blood as does acetic acid in alcohol," . . . "in the present state of scientific knowledge must be left undetermined."

Aside from the author's assumptions regarding the etiology of disease, his treatise will well repay careful study; it is systematic, and concise, and at the same time elaborate and detailed. Its pathology, both direct and incidental, is copiously presented, and the treatment consistent and rational.

This article, on the whole, presents evidences of more extensive scientific culture and thought than any of the series.

It is impossible to give further space within our brief limits to the consideration of the great work whose examination has already occupied so much of our space belonging to other matter.

We have been somewhat elaborate in its review from the desire to call the attention of the profession generally to it, in the hope that they would study for themselves, and approve or disapprove, according to their own judgment, our criticism or praise.

The paper, typography and mechanical work of the volume are excellent and beyond criticism. H.

BOOKS RECEIVED.

OUTLINES OF THE SCIENCE AND PRACTICE OF MEDICINE. By *William Aitken, M.D., F.R.S.*, Professor of Pathology in the Army Medical School, etc., etc. London: Charles Griffin & Co. Philadelphia: J. B. Lippincott & Co. 1874.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE, for the use of Physicians and Students. By *James Tyson, M.D.*, Hospital Lecturer on Pathological Anatomy in the University of Pennsylvania, etc., etc. With a plate, and numerous illustrations. Philadelphia: Lindsay & Blakiston. 1875.

CLINICAL LECTURES ON DISEASES OF THE URINARY ORGANS. Delivered at the University College Hospital, by *Sir Henry Thompson*, Surgeon Extraordinary to his Majesty the King of the Belgians, etc., etc. Second American, from the third and revised London, Edition. Philadelphia: Henry C. Lea. 1874.

THE MEDICAL USES OF ALCOHOL AND STIMULANTS FOR WOMEN. By *James Edmunds, M.D.*, Member of the Royal College of Physicians of London, Member of the Royal College of Surgeons of London, etc., etc. New York: National Temperance Society and Publication House. 1874.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Edited by *Dr. H. Von Ziemssen*, Professor of Clinical Medicine in Munich, Bavaria. Vol. I, Acute Infectious Diseases. By Professor Liebermeister, of Tubingen, Professor Lebert, of Breslau, Dr. Haenisch, of Griefswald, Prof. Heubner, of Leipzig, and Dr. Oertel, of Munich. New York: William Wood & Co. 1874.

A SPECIFIC DIAGNOSIS OF THE STUDY OF DISEASE, with Special Reference to the Administration of Remedies. By *John M. Scudder, M.D.*, Professor of Pathology and Practice of Medicine in the Eclectic Medical Institute. Cincinnati: Wilstach, Baldwin & Co. 1874.

EXAMINATION OF THE URINE. By *George B. Fowler, M.D.*, Examiner in Physiology, College of Physicians and Surgeons, New York; Fellow of New York Academy of Medicine, etc., etc. New York: D. Appleton & Company. 1874.

ORTHOPÆDIA, OR A PRACTICAL TREATISE ON THE ABERRATIONS OF THE HUMAN FORM. By *James Knight, M.D.*, Member of the Medico-Chirurgical Faculty of Maryland, the District Medical Society of Ohio, and the County Medical Society of New York; Physician and Surgeon in charge of the Hospital of the New York Society for the Relief of the Ruptured and Crippled, New York City, etc., etc. New York: G. P. Putnam's Sons. 1874.

CATALOGUE of the Specimens in the Pathological Museum of the Philadelphia Hospital.

PAMPHLETS RECEIVED.

THE DRIFT OF MEDICAL PHILOSOPHY. An Essay, by *D. A. Gor-ton, M.D.* Philadelphia: J. B. Lippincott & Co. 1875.

NINETY-SECOND ANNUAL CATALOGUE of the Medical School (Boston) of Harvard University. 1874 and '75.

AN ACCOUNT OF THE EPIDEMIC OF CHOLERA, during the Summer of 1873, in Eighteen Counties of the State of Kentucky. By *Ely McClellan, M.D.*, Asst. Surg. U. S. A. Cambridge: Printed at the Riverside Press. 1874.

ADDRESS, delivered before the American Academy of Dental Science at their Seventh Annual Meeting, held in Boston, Sept. 28, 1874. By *Dr. W. W. Allport*.

ADDRESS, delivered before McDowell Medical Society of Kentucky, at its Semi-Annual Meeting, in Madisonville, Ky., Nov. 4, 1874. By *W. T. Briggs, M.D.*, of Nashville, Tenn.

CLINICAL UREAMETRY. By *Henry G. Piffard, M.D.*, Surgeon of the Charity Hospital, Clinical Professor of Dermatology, Medical Department of the New York University. Reprinted from the New York Medical Journal, Dec., 1874. New York: D. Appleton & Co. 1874.

KOUMIS, AND ITS USES IN MEDICINE. By *Victor Jagielski, M.D.*, of Berlin, late Superior Physician in the Prussian Army. Chicago: Published by A. Ahrend, Chemist, 521 W. Madison street. 1874.

SEVENTH ANNUAL REPORT of the Central Free Dispensary of West Chicago, for the year ending June 30th, 1874.

REPORT of the Committee on Idiocy, made to the Illinois State Medical Society at the Annual Meeting held in Chicago, May, 1874.

JOURNALS RECEIVED.

- The American Practitioner, Louisville—November, December.
- The American Medical Weekly, Louisville—November 21, 28, December 5, 12, 19.
- The Abstract of Medical Sciences—Vol. 1, July to Dec., 1874.
- The Boston Medical and Surgical Journal—December 1.
- The Boston Journal of Chemistry—December.
- The Clinic, Cincinnati, Nov. 21, 28, Dec. 5, 12.
- The Cincinnati Lancet and Observer—December.
- The Clinical Record, Missouri—December.
- The Canada Lanceet—December.
- The Canada Medical and Surgical Journal—December.
- The Druggists' Circular—December.
- The Detroit Review of Medicine and Pharmacy—December.
- The Dental Cosmos—December.
- Journal de l'Anatomie et de la Physiologie de l'homme et des Animaux. Charles Robin—Nov. and Dec.—No. 6.
- The London Lanceet—November, 1874.
- The Laboratory, Boston—November.
- The Medical Herald, Kansas City—Nov., Dec.
- The Medical Examiner, Chicago—Nov., Dec. 1 and 15.
- The Medical Record, New York—Nov., Dec. 1.
- The Medical and Surgical Reporter, Philadelphia—Nov. 21, 28, Dec. 5, 12, 19.

The Medical Times, Philadelphia—Nov. 21, Dec. 5, 12, 19.
The Medical Press and Circular, London—Nov. 18, 25.
The Medical Record, New York (weekly)—Dec. 1.
The Medical News and Library and Supplement—December.
The Nashville Journal of Medicine and Surgery—Dec.
The New York Medical Journal—December.
The Ohio Medical and Surgical Reporter—November.
The Pacific Medical and Surgical Journal—Nov., Dec.
The Psychological and Medico-Legal Journal—Nov., Dec.
The Practitioner, London—Nov.
Le Progres Medical—Nos. 41, 42, 43, 44, 45.
The Physician and Pharmacist—November.
The Pharmacist, Chicago—December.
The Peninsular Journal—December.
The Richmond and Louisville Medical Journal—Nov.
Repertorio Jalisciense de Medicina y Cirugia Practicas—Numero
1 and 2—Guadalajara. 1874.
The Sanitary Journal, Toronto—Nov.
The St. Louis Medical and Surgical Journal—Dec.
The Southern Medical Record—November.
The Technologist, New York—Nov.
The Virginia Medical Monthly—Dec.

Editorial.

The Concours for the position of Lecturer on Obstetrics in the Spring Faculty of Rush Medical College which was opened at the College on the evening of Tuesday, Dec. 8th, and continued on the 9th and 10th, was finally concluded upon the evening of Friday, Dec. 11th, in a manner as unexpected as gratifying to all concerned.

The announcement of the Concours had excited more general attention and interest than those which had preceded it, as it was recognized as an expression of the determination of the Faculty to fill up vacancies in their ranks by the test of merit alone.

Fourteen applications were made for admission to the Concours ; four of these, however, were subsequently withdrawn, leaving but ten who actually competed for the position. To these, subjects were assigned, and one

week granted for preparation of the lectures, which were delivered in the following order :

TUESDAY.

DR. C. W. EARLE — Phlegmasia Dolens.
" C. T. FENN — Obstetric Forceps.
" J. S. KNOX — Histological Anatomy and Functions of Placenta.

WEDNESDAY.

DR. W. C. LYMAN — Abortion,
" A. VON MANSFELDE — Retained Placenta.
" W. P. PEIRCE — Conception and Early Development of the Ovum.

THURSDAY.

DR. G. F. ROBERTS — Unavoidable Hæmorrhage.
" A. K. STEELE — Eclampsia Parturientium.
" E. W. SAWYER — Post Partum Hæmorrhage.
" G. D. WILBUR — Puerperal Mania.

Thus far the Concours had proved a most agreeable surprise to the entire audience, composed of the professional men of the city and students, and it is extremely doubtful if as great a number of lectures of so high a degree of excellence, evincing so much intellectual power and professional erudition, have ever been delivered upon a similar occasion in this country.

In Dr. Earle we recognized the dignity and power of the experienced teacher, who, while already holding a full professorship in another college, still considered a lectureship in Rush Medical College a prize worth striving for.

Dr. Fenn, also a lecturer of some years' standing, exhibited in his lecture upon the Obstetric Forceps, the evidences of patient and laborious study, and the pluck which never recognizes defeat.

The lecture of Dr. Knox was a masterpiece of scientific accuracy, couched in "English pure and undefiled," delivered with elegance of style and ease of manner, which made listening a pleasure.

Dr. Lyman presented the subject of abortion to his auditors in a most earnest and impressive manner, characterized by the evidences of profound thought and careful study.

Dr. Von Mansfelde's illustrations of the modes of "placental retention" were graphic and instructive, and were closed with a graceful compliment to his Alma Mater.

Dr. W. P. Peirce, in his demonstration of "Conception and the Early Development of the Ovum," betrayed in the manner the experienced teacher, and in the matter the skilled practitioner who had "thought out for himself" many of the knotty problems in physiology as well as practical medicine. His lecture was well illustrated by some excellent original diagrams, and illuminated with flashes of humor which won for him many votes among the benches.

Dr. G. F. Roberts, one of Rush's youngest alumni, gratified his old teachers by demonstrating practically, the excellence of their instructions, in the admirable manner in which he discussed the subject of "Unavoidable Hæmorrhage," and satisfied the Faculty that there is among the old pupils a powerful reserve force to sustain the reputation of the old school unimpaired.

Dr. A. K. Steele's thorough practical familiarity with his subject, "Eclampsia Parturientium" and especially with its symptomatology and therapeusis, soon proved to all that he was to be one of the winners, and its continuation and close left that impression strengthened in the minds of many of his auditors.

Dr. E. W. Sawyer elucidated the subject of "Post Partum Hæmorrhage" in a manner which surprised and delighted his hearers. The comprehension and accuracy of his knowledge, the clearness of his style, and the precision of his system, displayed the accomplished scholar and the trained thinker.

Dr. G. D. Wilbur had the distinction of closing this stage of the Concours by an admirable lecture on "Puerperal Mania," in which, although last, he proved himself by no means least.

But the Concours was not yet over, the struggle not yet terminated. Out of the ten competitors four were

selected "pares inter primos," and between these the Faculty found it impossible to decide to whom the prize should be awarded, and the application of still another and a more severe test became necessary to determine the victory.

Titles of subjects were written upon separate slips of paper, placed in a hat, and from this hat the four selected at the previous trial were required to draw each in his turn a slip, and announcing the inscribed title, to proceed at once to lecture upon the subject thus assigned him by dame Fortune.

The subjects thus assigned were—

To DR. J. S. KNOX — Rupture of the Uterus.

To DR. E. W. SAWYER — Anatomy of the Female Pelvis and its Deformities.

To DR. G. F. ROBERTS — Inversion of the Uterus.

To DR. A. K. STEELE — Labor in Face Presentations.

There are few physicians, however great their skill, or however extensive or prolonged their experience, who would not shrink from an ordeal so severe, and still fewer who, having made the essay, would not utterly fail. It was truly an "experimentum crucis," and no small meed of praise should be theirs who, having been found worthy, even dared the trial.

That three should fail, no, not fail, for such men never fail—should not succeed, was inevitable, as there was but one prize; had there been four, the success of each and every one had been secure.

Out of this trial two came unscathed, and the only regret felt and expressed by the judges in awarding the lectureship to Dr. Sawyer, was the necessity of withholding it from Dr. Knox.

On several occasions this JOURNAL has taken the liberty to animadvert upon the low estimate at which the medical profession is held by the civil—we should rather say the political—authorities, and also to some of the causes which have induced this result. One of

these was indicated in our pages in the early portion of the past year, to be the unseemly haste manifested by certain physicians to rush into the arena of politics and to struggle for the prizes of petty offices which, in the majority of instances, are only the first steps in the direction of professional demoralization.

There are certain offices in the gift of the county and municipal authorities which can only with propriety be filled by medical men. We refer to those of City and County Physicians, Sanitary Superintendent, and Coroner. The first three of these are so filled, and we believe well filled, fortunately for the public, although by no means fortunately for the incumbents, who find themselves in positions involving grave professional and civic responsibilities and very arduous labor, with authority by no means adequate, and compensation totally inadequate thereto. The duties of the office of Coroner can be satisfactorily filled by a thoroughly educated physician only, and by no one else.

No degree of intelligence or general culture, no amount of energy or fidelity, will compensate for the technical education acquired by physicians only—an education enabling them to recognize and appreciate a class of facts unappreciable otherwise.

The office of Coroner, rightly administered, might and should constitute one of the corner stones of the whole system of criminal jurisprudence, instead of, as hitherto, a butt for the shafts of well merited ridicule, till "crown'er's-quest law" has come to be a synonym of burlesque from the days of Shakespeare until now.

The verdict of a Coroner's jury as at present constituted, consists, not of the logical conclusion of twelve intelligent men, based upon the *facts* submitted to their consideration, in the evidence set before them, but the *opinion* of the county physician or of some other medical gentleman who may have some knowledge of the case. Nine times out of ten, the "intelligent jury" gathered from the neighboring bar-rooms and express wagons,

render as their verdict these *opinions* verbatim—from utter inability, through ignorance, to comprehend the facts, and to come to any independent conclusion.

Just so long as the authorities offer and pay for medical services compensation about equivalent to what is paid for the simplest forms of unskilled labor, and make the office of Coroner the reward of political services, just so long will the operations of public justice be completely obstructed in this direction, and many a crime remain concealed, which under a more enlightened and liberal system of medico-legal investigation would be brought to light.

H.

Book-keeping.

Those of our readers who have done us the kindness to borrow from our exchange files the following Journals, will add to the obligation by returning the same at their earliest convenience :

Boston Medical and Surgical Journal, Sept., '73, July, Aug., Sept., Oct., '74.

Philadelphia Medical and Surgical Reporter, vol. xxx, Nos. 22, 23, 24; vol. xxxi, Nos. 12, 14, 21, 22.

Atlanta Medical and Surgical Journal, May and September, '74.

American Practitioner, Feb., May, Aug., '74.

New York Medical Journal, May, July, Aug., '74.

Philadelphia Medical Times, Nos. 105, 131, 141, 148, 152, 155, 160, 161.

The Illinois Charitable Eye and Ear Infirmary.

This institution now occupies its new building, corner of Adams and Peoria Streets, Chicago. The edifice, 105 feet long by 47 feet wide, consisting of a basement and four stories with a mansard roof, presents a most attractive appearance. It is an ornament to the portion of the city in which it is situated.

The accommodations for the treatment and comfort of

patients are equaled by those of no similar institution in the country.

From the Seventeenth Annual Report we learn that during the past year 1,012 patients were treated gratuitously, making an aggregate of 10,620 patients that have received the benefits of the Infirmary since 1858, the year of its foundation.

The following is a form of certificate which will admit any poor patient residing in Illinois to the Infirmary, or gratuitous treatment and board:

This is to Certify, that _____, of the Town of _____, County of _____, State of Illinois, is absolutely without means to pay for his (or her) board or treatment at the Illinois Charitable Eye and Ear Infirmary.

Form of certificate which will admit any poor patient to the Infirmary for gratuitous treatment:

This is to Certify, that _____, of the Town of _____, County of _____, State of _____, is in indigent circumstances, and can pay his (or her) board alone, but not for treatment, at the Illinois Charitable Eye and Ear Infirmary.

Either form of certificate must be signed by some respectable physician, or Supervisor, or Clerk of the County Court, where the patient resides.

Neither of the above certificates should in any case be given to a patient unless he be destitute of means.

The Dispensary of the Infirmary is open daily from 2 to 2½ P. M., for such poor patients, not boarding at the Infirmary, as may require treatment.

Chicago Mortality Report for November, 1874. Reported by Dr. BEN. C. MILLER, Sanitary Superintendent.

MORTALITY IN MONTH OF NOVEMBER.

Abscesses	1	Anæmia	1
" of peritoneum	1	Aneurism of aorta	1
Accident, burns by kerosene	1	Anus imperforate	1
" crushed	1	Apoplexy	2
" by drowning	1	Asthma	1
" by fall	3	Bowels, intussusception	1
" thrown from buggy	1	Brain, abscess of	1
" by suffocation	2	" congestion of	8
" by railroad	2	" inflammation of	4
" by street cars	2	" irritation of	1
Abortion by self	1	Bronchitis	6

Bronchitis, capillary.....	6	Heart, rheumatism of	1
Biliary calculi	1	" valvular disease of	6
Cancer	1	Hemiplegia	1
" of breast	2	Hepatitis	1
" of bowels	1	Hernia	1
" of liver	2	" strangulated	1
" pyloric	1	Hydrothorax	1
" pelvic	1	Hydrocephalus	6
" of rectum	1	Inanition	5
" of stomach	2	Intemperance	2
" of uterus	4	Jaundice	1
Cholera infantum.....	5	Kidneys, disease of	1
Consumption	52	" and bladder, disease of	1
Convulsions	50	" Bright's disease of	3
" puerperal	2	Laryngitis	1
Croup	7	Liver, congestion of	1
" membranous	2	" induration of	1
Cyanosis	1	" stricture of	1
Cystitis	1	Lungs, congestion of	9
Debility, general	3	" apoplexy of	2
Delirium tremens	1	" hemorrhage of	1
Deficient development	1	" gangrene of	1
Diabetes	1	" oedema of	1
Diarrhoea	4	" abscess of	2
" chronic	2	Mania, puerperal	1
Diphtheria	15	Measles	1
Dropsy, général	3	Meninges, inflammation of	1
Dysentery	2	Meningitis	6
Endo carditis	1	" cerebro-spinal	8
Enteritis	9	Metritis	1
Enterico-colitis	2	Old age	15
Epilepsy	1	Paralysis	2
Erysipelas	2	Peritonitis	3
Exposure	1	Pneumonia	24
Exhaustion	3	" typhoid	1
Fever, puerperal	2	Rupture of aorta	1
" remittent	1	Scrofula	2
" scarlet	11	Suicide, by laudanum	1
" " malignant	1	" poison	2
" typhoid	25	Syphilis	1
Gangrene	1	Tabes mesenterica	15
Gastritis	2	Teething	1
Gastro enteritis	3	Tumor	1
Hemorrhage funis	1	Uterus, hemorrhage of	1
Hemorrhagica purpura	1	Vitality, deficient	1
Heart, aneurism of	1	Whooping cough	4
" disease of	4	Total	436
" enlargement of	2		
" organic disease of	1		
Premature births, 7 ; Still births, 61.		Total	68

COMPARISON.

Deaths in month of November, 1874	436
" " October, 1874	570
Decrease	134
Deaths in month of November, 1873	549
Decrease	113

AGES.

Under one year.....	119	Thirty years to forty.....	45
One year to two.....	36	Forty " " fifty.....	31
Two years to three.....	26	Fifty " " sixty.....	21
Three " " four.....	8	Sixty " " seventy.....	25
Four " " five.....	2	Seventy " " eighty.....	21
Five " " ten.....	23	Eighty " " ninety.....	5
Ten " " twenty.....	23	Ninety " " one hundred.....	3
Twenty " " thirty.....	48	Total.....	436
Males.....	233	Colored.....	7
Females.....	203	White.....	429
Total.....	436	Total.....	436
Married, 164; Single, 272. Total.....			436

NATIONALITIES.

Belgium.....	2	Holland.....	3
Bohemia.....	5	Ireland.....	43
Canada.....	6	Norway.....	5
Native—Chicago.....	46	Nova Scotia.....	2
Foreign, "	137	Poland.....	1
United States, other parts.....	87	Scotland.....	2
Denmark.....	2	Sweden.....	7
England.....	15	Switzerland.....	1
France.....	1	Wales.....	2
Germany.....	64	Unknown.....	5
		Total.....	436

Deaths daily, 14½. Mean temperature, 40.4°. Rain fall, 2.72 inches.

MORTALITY BY WARDS.

Wards.	No. Deaths.	Pop. in 1874.	Percentage.
1	5	5,725.....	one death in 1,145
2	1	4,830.....	" " 4,830
3	15	14,861.....	" " 991
4	14	15,361.....	1,007
5	18	20,078.....	1,115
6	47	35,916.....	764
7	35	31,722.....	906
8	28	29,143.....	1,041
9	34	31,654.....	931
10	11	17,385.....	1,580
II	9	14,022.....	1,558
12	11	16,792.....	1,527
13	14	17,892.....	1,277
14	12	16,720.....	1,338
15	59	45,545.....	772
16	23	21,922.....	953
17	17	20,777.....	1,234
18	21	21,302.....	1,019
19	4	4,677.....	1,169
20	7	8,995.....	1,285

385 Ratio of deaths to population in 1874, one death in 907.

No. deaths in Wards.....	385	Old Ladies' Hospital.....	1
Accidents.....	13	St. Joseph's Hospital.....	1
Alexian Bros. Hospital.....	1	St. Luke's Hospital.....	2
County Hospital.....	9	Suicides.....	3
Foundlings' Home.....	15	Woman's Hospital.....	1
Hospital for Women and Child'n.....	2	Total.....	436
Mercy Hospital.....	3		





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Phosphorus as a Remedy for Neuralgia.

The following table is taken from a valuable paper contributed to the "London Practitioner" by Prof. J. Ashburton Thompson, on the use of Phosphorus for the above-named complaint, large doses being employed by him, (the 1-25 gr. or more) and with marvelous success. He records 18 cases, as will be seen by table below, and arranges them in three classes—Acute Primary Attacks, Acute Recurrent Attacks and Chronic cases. Six cases occur in each class. In the first class the ages ranged between 25 and 46; in the second between 30 and 40; in the third between 24 and 40.

Some of the patients suffered from Trigeminal, some from Cervico Occipital, some from Cervico Brachial Neuralgia, and one in the second class from Sciatica. All the cases in the first two classes were cured; of the third class three were cured, one of the patients having been afflicted 16 years, without a week's freedom from pain.

Sex.	Age.	Nerves Affected.	Duration of Attack.	Extreme Duration of Treatment.	Complication.	Result.
PRIMARY ACUTE CASES.						
M	40	R. Trigeminal.	4 days.	4 days.	Catarrh.	Recovery.
F	26	L. Trigeminal. " "	14 days. 21 days.	10 days. 24 hours.	Anæmia. None.	"
F	25	" "	" "	" "	"	"
M	46	Cervico Occipital.	12 hours.	12 hours.	General Derangement.	"
F	28	L. Trigeminal. " "	14 days. 6 days.	48 hours. 12 days.	Lactation. Catarrh.	"
F	26	" "	" "	" "	"	"
RECURRENT ACUTE CASES.						
F	60	R. Sciatic.	15 days.	36 hours.	Decay of Nature.	Recovery.
F	33	L. Trigeminal. " "	5 days. 21 days.	6 hours. 24 hours.	None. Lactation.	"
F	32	" "	" "	" "	"	"
F	35	R. Trigeminal. " "	10 days. 14 days.	4 hours. 5 days.	Phtisis. Debility.	"
F	30	" "	7 days.	45 hours.	"	"
CHRONIC CASES.						
F	28	{ R. & L. Trigeminal. (Cervico Brachial.)	18 months. 4 weeks.	5 weeks. 9 days.	Phtisis.	Relief.
F	24	R. & L. Trigeminal. (Occipital, R. & L.)	"	"	"	"
M	35	{ Trigeminal. (Cervico Brachial.)	12 months. 2 months.	12 days. 14 days.	Nervous Debility. Pregnancy.	Cure.
F	36	Cervico Brachial.	"	"	None.	"
F	27	R. & L. Trigeminal. R. Trigeminal.	16 years. 4 months.	18 days. 15 days.	(Decayed Teeth.)	None.

PHOSPHORUS AS A NERVE TONIC.

Its use is supported by no less authority than Prof. Delpach, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*.) Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been over-worked; 2d. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquillity to the senses, which expressly give in these cases incorrect impressions, putting only those objects before the eyes calculated to soothe the mind; 4th. A very nourishing diet, especially of shell fish; 5th. The internal administration of phosphorus in pilular form, prepared by Wm. R. WARNER & CO.

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PIL ANALEPTIC.		(Warner & Co.)		
R	<i>Fu. Sertimoniales,</i>	gr. LXXV.		
	" <i>Ros. Guaiaci,</i>	gr. C.		
	" <i>Moes Soc.,</i>	gr. LXXV.	.10	2.75
	" <i>Myrrhae,</i>	gr. L.		
<i>No-</i>	<i>flat pilulae. No. C.</i>		Dose 1-2	Pills.

PIL ANODYNE.		(Warner & Co.)		
R	<i>Fu. Camphorae,</i>	gr. C.		
	<i>Morphia Acetal,</i>	gr. V.		
	<i>Ext. Hyoscyami.</i>	gr. C.	.75	3.50
	<i>Ol. Ros. Capsici,</i>	glt. V.		
<i>No-</i>	<i>flat pilulae. No. C.</i>		Dose 1-2	

PIL ANTICHLOROTIC.		(Warner & Co.)		
R	<i>Folias. Chlors.,</i>	gr. C.		
	<i>Ferr. Chlors.,</i>	gr. L.		
	<i>Fu. Padophylli,</i>	gr. C.	.75	3.50
	<i>Fu. Myrrhae,</i>	gr. L.		
<i>No-</i>	<i>flat pilulae. No. C.</i>		Dose 1-2	

PIL ANTICHLOROMANIA.		(Warner & Co.)		
R	<i>Zinci Valas.</i>	gr. CC.		
	<i>Ferr. "</i>	gr. XXV.		
	<i>Ext. Sumbub.</i>	gr. L.	.75	3.50
<i>No-</i>	<i>flat pilulae. No. C.</i>		Dose 1-2	

PIL ANTISPASMODIC.		(Warner & Co.)		
R	<i>Ext. Hyoscyami.</i>	gr. L.		
	<i>Morphin Acetal,</i>	gr. X.		
	<i>Fum. Camphor,</i>	gr. L.	.75	3.50
	<i>Te. Capsici.</i>	gr. L.		
<i>No-</i>	<i>flat pilulae. No. C.</i>		Dose 1-2	

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	M-fiat pilulas. No. C.	Dose 1-2.	

PIL ANTISPLENETIC.

(Warner & Co.)

R	Tu. Aloes Dr., " Ammoniaci, " Myrrhae, aa Ext. Bryony, M-fiat pilulas. No. C.	gr. C. gr. L. gr. C. Dose 2-4.	
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PIL ASTRINGENT.

(Warner & Co.)

R	Ext. Gossamii. Tu. Opii. Ol. Menthi. Fip., Ol. Tess. Gingibea, aa M-fiat pilulas. No. C.	gr. CC. gr. XXV. gr. C. gtt. V. Dose 1-2.	
---	--	---	--

PIL CATHARTIC. (Cholagogue.) (Warner & Co.)

R	Tess. Tadiaphylli. Tib. Hydrarg. Ext. Rhusoyami. " Tur. Vom. Ol. Tess. Capsici. M-fiat pilulas. No. C.	gr. L. gr. XXV. gr. XII. gr. VI. gtt. XII. Dose 1-2.	
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gr. XXX.	.60
gll. X.	2.75
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R Tu. Aloes Soc.,
 Sulfur,
 Ros. Podophylli,
 Ros. Guaiaci,
 Lys. Thamni,
 Mc-fiat pilulae, No. C.

(Warner & Co.)

gr. C.	
gr. XX.	
gr. XX.	.60
gr. L.	2.75
Q.S.	
Dose 1-2.	

PIL SEDATIVE.

R Ext. Sumbul,
 " Valerianae,
 " Hyoscyami, aa
 " Cannabis Ind.
 Mc-fiat pilulae, No. C.

(Warner & Co.)

gr. L.	.75
gr. X.	3.50
Dose 1-2.	

PIL TONIC.

R Ext. Gentianae,
 " Humuli,
 Peri Carb. Sacch.,
 Ext. Rec. Vomica,
 Ros. Podophylli,
 Ol. Ros. Gingiber,
 Mc-fiat pilulae No. C.

(Warner & Co.)

gr. C.	
gr. L.	
gr. XXV.	
gr. V.	.60
gr. IV.	2.75
gll. X.	
Dose 1-2.	

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The most simple and practical of any Stem Pessary ever invented. It is made of India-Rubber, *without lead*, unirritating, of easy application, and unsafily keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly recommend it. A pamphlet, describing it, and testimonials of distinguished physicians, also price list, sent on application.

Beware of Similar Articles, sold on the Great Reputation of the above.

H. H. BURRINGTON,

Sole Proprietor, Providence, R. I.



Dr. McINTOSH'S NATURAL Uterine Supporter.



This instrument is a uterine and abdominal supporter combined. The uterine stem is of highly polished hard rubber, which can be bent by immersion in hot water to exactly fit the shape of the vagina. It is suspended by two soft rubber tubes passing through the head of the stem and affording four points of support, instead of one or two as others now in use, and so adapting itself to all the varying positions of the body. It will not interfere with any of life's private necessities, is not corrosive, and is lighter than if metallic. Cups are furnished for retroversion, anteversion, or any of the flexions of the womb.

These instruments have received the indorsement and recommendation of the medical profession generally, and are now more in use than all other similar instruments taken together.

Price to Physicians, \$8.00; to Patients, \$12.00.

Instruments can be sent by mail or express. If sent by mail, postage will be 22 cents, which should be added to the remittance. For circulars and further information address

Dr. McIntosh's Natural Uterine Supporter Co.,
296 West Lake Street, Chicago.

BLISS & TORREY,
 Importers and Dealers in
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 DEFORMITY INSTRUMENTS Successors to BLISS & SHARP,
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CHICAGO.

REPAIRING DONE AT SHORT NOTICE.

We beg to call the attention of Physicians to our superior advantages in filling their orders. Manufacturing largely, it is our aim and object to be unsurpassed by any *House* in the Northwest. By paying particular attention to the quality of our goods, we feel confident of pleasing all who entrust us with their orders.

 Orders can be sent by *Express* to any part of the country at a trifling expense.



SIXTEENTH

Annual Announcement
OF THE
SPRING COURSE.

1875.

Rush Medical College,

CHICAGO.

SIXTEENTH

ANNUAL ANNOUNCEMENT

OF THE

Spring Course, Session 1875.

THE SESSION will begin WEDNESDAY, MARCH 3D, and continue SIXTEEN WEEKS.

It has now been two years since the Spring Course Faculty of Rush Medical College was enlarged and made permanent.

Since the reorganization, two Courses of Lectures have been given, which, in the increased class attendance and in the scholarship exhibited, have been highly flattering to the friends of the College.

The Spring Course Faculty is auxiliary to the General Faculty, but in the number of lectures and in the variety of subjects considered, it is intended that the SPRING COURSE shall be as thorough and complete in its instruction as the regular WINTER SESSION.

The College is most amply equipped with apparatus in every Department.

Students of the Spring Course are examined at the close of the Session, and receive Certificates indicating their attendance and grade of proficiency, signed by the members of the Spring Course Faculty. These Certificates will be taken by the regular Faculty as additional evidence of proficiency, at the final examination for Graduation.

FACULTY OF THE SPRING COURSE.

I. N. DANFORTH, M.D., *President*,
Pathological Histology.

CHAS. T. PARKES, M.D.,
Anatomy.

JNO. E. OWENS, M.D.,
Principles and Practice of Surgery.

F. L. WADSWORTH, M.D., *Secretary*,
Physiology and Microscopic Anatomy.

E. F. INGALS, M.D.,
Diseases of Chest and Physical Diagnosis.

L. W. CASE, M.D.,
Chemistry.

WALTER HAY, M.D.,
Diseases of Brain and Nervous System.

NORMAN BRIDGE, M.D.,
Principles and Practice of Medicine.

A. REEVES JACKSON, A.M., M.D.,
Diseases of Women.

JAMES NEVINS HYDE, A.M., M.D.,
Dermatology and Syphilis.

PLYM. S. HAYES, M.D.,
Chemical Physics.

ALBERT B. STRONG, A.M., M.D.,
Materia Medica and General Therapeutics.

E. WARREN SAWYER, M.D.,
Obstetrics.

CLINICS.

PROF. GUNN will conduct his Special Clinic in the College every Saturday. Patients are received from the City and from the Country at the College Clinics. No charge is ever made for operations in the presence of the Class.

PROF. HOLMES will deliver Clinical Lectures on Ophthalmic and Aural diseases, at the Illinois Charitable Eye and Ear Infirmary, cor. West Adams and Peoria Streets, where a fine brick structure has recently been erected, at a cost of more than \$43,000. Nearly 1100 patients were treated at this Institution during the past year. Most ample opportunities will be afforded for studying Diseases of the Eye and Ear, and their Medical and Surgical Treatment.

DR. WALTER HAY will conduct a Clinic on Diseases of the Brain and Nervous System, in the College, every Saturday, immediately following the Surgical Clinic of Professor Gunn.

The County Hospital will furnish Medical and Surgical Clinics twice each week. Invaluable facilities are afforded the Students in this Institution.

DR. OWENS will conduct a Surgical Clinic at St. Luke's Hospital.

DR. A. REEVES JACKSON will give Clinics at the Woman's Hospital of the State of Illinois.

Weekly Clinics will be given at the CENTRAL DISPENSARY, 239 West Van Buren Street, as follows:—

DR. NORMAN BRIDGE, MEDICAL.

DR. PHILIP ADOLPHUS, GYNÆCOLOGICAL.

DR. E. F. INGALS, DISEASES OF RESPIRATORY ORGANS.

SPECIAL FACILITIES FOR ILLUSTRATION.

The Departments of Physiology and Pathology will be thoroughly illustrated by the use of the Solar Microscope, by which means the minute anatomy of tissues and organs is shown upon the screen highly magnified and clearly defined.

The Department of Chemical Physics will be amply illustrated by means of new and elaborate apparatus, recently received from Europe. The Spectroscope, with electrical light, will be used to show the spectra of various metals projected on the screen.

As new apparatus is constantly being supplied, this Course will be more amply illustrated than ever before.

The Chemical Laboratory will be open during the session, and students will have an opportunity for the study of Practical Chemistry.

The Dissecting-Room will be open during the entire season.

TERMS:

College Matriculation Ticket,	\$5.00
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(This Ticket must be obtained for the Spring Course, and will be good for the Collegiate Year, which commences March 5th.)

Hospital Ticket,	\$5.00
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For further information, address the Secretary of the Spring Course,

F. L. WADSWORTH, M. D.,

192 North Clark St., Chicago.

N.B.—The Regular Term will commence on Wednesday, Oct. 6th, 1875.

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TO PHYSICIANS.

We desire to call your attention to the merits of our Fluid Extracts of Guarana and Eucalyptus. Having experienced much difficulty in obtaining superior and genuine articles in these drugs, we have been compelled to import from reliable sources, at considerable trouble and expense, invoices of both, which, on examination, have proved eminently satisfactory.

Our fluid extracts are made with great care, representing in each fluid ounce the medicinal properties of one ounce of the drug, and will be found an elegant and convenient mode of administration. The space being necessarily limited in this circular, we would refer you, for more detailed description of the properties of Guarana and Eucalyptus, to our circular "New Preparations," which will be mailed to any address free on application.

Respectfully,

PARKE, DAVIS & CO.

FLUID EXTRACT

G U A R A N A

Prepared from the selected tree Guarana lump, by

PARKE, DAVIS & CO.,

MANUFACTURING CHEMISTS,

DETROIT.

Dose, from Half to Two Fluid Drachms.

Guarana is a new medicine introduced into Europe from Brazil, which has attracted some attention from the asserted fact that it contains a principle identical with caffein. The name of *paullinia* has been bestowed upon it from the generic title of the plant from which it is obtained. That of *guarana*, by which it was previously known, was derived from a tribe of aborigines, called Guaranis, who are said to use it extensively as a cori-
gent of their vegetable diet. It is prepared from the seeds of the *Paullinia sorbilis* of Martius, a climbing shrub, belonging to the class and order Octandria Trigynia of the Linnean system; and the natural family of the Sapindaceæ * * * * *

Martius found in it a crystallizable principle, which he named *Guararin*, but which has been proved by MM. Berthemot and Dechastelus to be identical with *caffein*. The discovery of caffein in four plants belonging to distinct natural families, namely, the coffee and tea-plants, the Paraguay tea, and the Paullinia, is a highly interesting result of recent chemical investigations. It is said to be more abundant in the Paullinia, than in either of the other vegetables; 5.07 per cent. having been found by Dr. Stenhouse in Paullinia, while he got only 2.18 from good black tea, 1.00 per cent. from coffee and 1.2 from Paraguay tea.

MEDICAL PROPERTIES AND USES.

The principal use of Guarana is for the cure of *sick headache*, bowel complaints, and irritations of the gastric and intestinal mucous membranes. Its effects upon the system appear to be those of a tonic. It is highly probable, both from its composition and the use made of it by the natives of Brazil, that it has an influence over the nervous system similar to that of tea and coffee.

It is considered by the Indians as a specific for the cure of bowel complaints. Dr. Gavrelle has found it advantageous in the diarrhoea of phthisis, sick-headache, paralysis, tedious convalescence, and generally as a tonic. Dr. Ritchie recommends Paullinia in irritation of the urinary passages, dysentery, diarrhoea, depression of spirits, colic, flatulence, anorexia, nervous hemicrania, neuralgia, and diarrhoea with pain. Dr. Herve has never failed to derive benefit from it in idiopathic diarrhoea, even in the most obstinate cases. In sick headache, and pains in the head, and other symptoms, which are caused, by a morbid condition of the mucous membrane lining the stomach, Guarana has a very beneficial effect, restoring the tone of the gastric membrane, and removing all pain, whether simply headache or neuralgia, which the irritation of the stomach may have produced. Though not an astringent, the peculiar action of this remedy on the mucous membranes of the intestines render it a most valuable agent in all affections of the bowels, whether simple or chronic diarrhea, choleric discharges, or dysentery. In France it has cured attacks of cholera when the evacuations have been at the rate of thirty an hour. * * * *

Dr. Francis E. Anstie (Physician to Westminster Hospital and editor of the *Practitioner*) writes that two doses of Guarana, given at an hour's interval of each other, afforded complete relief to a lady suffering from an extremely severe migraine, complicated with cardiac neuralgia.—*Practitioner. Dec. 1872, p. 348.*

Dr. Wilks (physician to Guy's Hospital) writes enthusiastically of Guarana as a remedy for sick headache.—*Br. Med. Jour.*, April 20, 1872, p. 421.

Dr. P. W. Latham, (Physician to Addenbrook's Hospital, Cambridge,) referring to Dr. Wilks' article, writes: " * * * Therapeutically Guarana is employed not only to act on the nervous system in sick headaches and various forms of neuralgia, but also as an astringent in catarrhal diarrhoea, and in blennorhoea of the urinary organs. In infantile diarrhoea some regard it as specially indicated, since, besides acting as a styptic, it may serve as a nutrient. * * * The kind of sick headache most likely to be benefited by this remedy is probably that occurring in persons of a hysterical temperament."—*Br. Med. Jour.*, April 27, 1872.

Dr. Douglas Morton (physician to Louisville Hospital) gives a history of his own case, a terrible sick headache, the result of a severe fall when at college, with which he had been afflicted at intervals during some fourteen years, which was so completely relieved and cured by guarana that he terms this drug "*the remedy par excellence.*"—*Practitioner*, Aug., 1873.

Dr. MacDowall (medical officer and pathologist, West Riding Asylum) cites three cases of severe sick headaches relieved by Guarana.—*Practitioner*, Sept., 1873.

Dr. W. T. Branstrup writes that the result of administration of fluid extract Guarana, in cases of sick headache in his practice, has been so wonderful that he felt it to be "approaching criminality to withhold his experience in the treatment of this complaint," and in the June (1874) number of the *Eclectic Med. Journal* gives a history of a case under his charge in which a lady was relieved within one hour, and by one teaspoonful dose of our fluid ext. Guarana, from an aggravated case of this disease.

The Value of Guarana in Chronic Rheumatism.

Dr. Edward A. Rawson, Assistant Surgeon to the Carlow Infirmary, writes to the Irish HOSPITAL GAZETTE, April 15th:

Suffering severely from lamboigo and finding all vaunted remedies fail, I tried Guarana as an experiment. I took fifteen grains blended with hot water, and added cream and sugar. For twenty-four hours afterwards I had a delightful relief from pain. I thought my mind must be delirious, but, on a second trial, the same result followed, and I have now taken it regularly, and a similar result. I gradually increased the dose to forty grains, and took it regularly, once a day, for about a week. The lamboigo disappeared. I gave up the guarana, and in a few days the pain in the back returned. A forty grain dose removed it, and it did not return for several days afterwards. Now whenever it does, I have my remedy at hand. During the last month I have experimented largely with guarana on a variety of patients, rich and poor. The results vary. When the pain is acute, coming on with sharp stings, guarana acts like magic: when it is of a dull, aching character, the drug is slower in its action, and several doses must be taken before any decided benefit can be perceived.

I have compared the comparative value of the different remedies for rheumatism. In those cases where the envelope of muscles, the fascia or tendons, are the parts affected, guarana gives, if not instantaneous, at least very immediate relief, which will last from twelve to twenty-four hours; and I confidently expect that perseverance in the use of the drug, gradually increasing the dose up to forty grains, will entirely remove any of the above mentioned kinds of rheumatism.

ANTI-CONSTIPATION PILLS

(Sugar Coated.)

FORMULA OF DR. A. H. BRUNDAGE.

R Podophyllin.....	1-10 grain.	R Extract Hyoscyamus.....	1-4 grain.
Extract Belladonna.....	1-10 grain.	Powdered Capsicum	1-4 grain.
Extract Nux Vomica.....	1-4 grain.		

MANUFACTURED BY

PARKE, DAVIS & CO., MANUFACTURING CHEMISTS, DETROIT.

To the Profession:

A remedy for habitual constipation without the use of cathartics has long been a desideratum among physicians, and in presenting the *Anti-Constipation Pills* to the Profession, I do not claim a specific for this troublesome class of cases, but to have combined in the most desirable proportions the remedies indicated in removing the cause. It is a well established fact that in nearly every case of habitual constipation there is torpor and diminished nervous energy, affecting the contractility of the muscular coat of the colon and rectum, resulting in enfeebled peristaltic action.

Therefore, to afford permanent relief, we must restore the nervous filaments and muscular fibers to their normal sensibility and contractility. This we claim to do by the combination of Podophyllin, Ext. Belladonna, and Ext. Nux Vomica. The Podophyllin, although in minute doses, insures a proper secretion of bile, the Belladonna stimulates the muscular fibers of the intestines by relieving congestion and diminishing mucous secretion, thereby enabling the contents of the bowels by more direct contract to excite peristaltic action, while the Nux Vomica restores the enfeebled nervous energy. From one to three of these pills should be taken every night for five or six weeks, and in obstinate cases it may be necessary to use them for a longer time before they can be dispensed with. In the treatment of dyspepsia, accompanied with constipation, these pills will be found invaluable.

Respectfully,

A. H. BRUNDAGE, M. D.

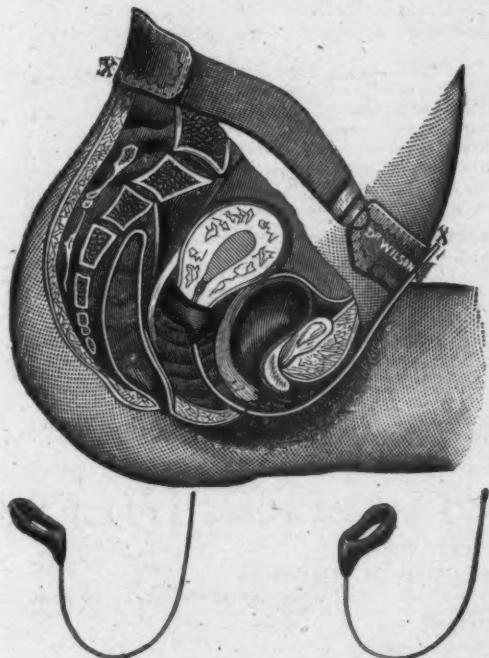
DR. WILSON'S EUREKA ABDOMINAL SUPPORTER

(WITH SPRING PESSARY.)

Having been appointed Sole Agents for the sale of the Eureka Abdominal Supporter, by the proprietor and inventor, Dr. Chas. A. Wilson, we desire to call your attention to the following description of its merits, by Dr. Wilson.
Respectfully,

PARKE, DAVIS & CO.

TO THE MEDICAL PROFESSION:



DR. WILSON'S
SPRING PESSARY,
Adjusted for retroversion
and prolapsus uteri.

DR. WILSON'S
SPRING PESSARY,
As adjusted for ante-
version.

The Eureka Supporter will, in vast majority of cases, cure inflammation and ulceration of the cervix, by the support and rest afforded by the pessary, which is of essential service in removing the congestion and inflammation. When the uterine neck is prolapsed the circulation of the blood is mechanically retarded. When the uterus is replaced, the organs being restored to their natural position, the circulation is free. Congestion and oedema disappear, the bulk and weight of the organ diminishes, and the vagina being enabled to contract around the stem of the pessary, gradually recovers its tone.

The Pessary is held in position by a steel wire spring (silver plated), which is screwed into the pessary, and attached to the abdominal pad by a thumb-screw, with which it can be easily regulated to properly fit the pessary to the person. The pessary, when ready for sale, is adjusted for use in prolapsus uteri and retroversion; for anteversion it must be turned one half around, so that its prominence will be in the anterior part of the vagina. In all cases of prolapsus uteri, retroversion and anteversion, the pessary should be used; but in cases merely of abdominal weakness, the supporter is all that is necessary.

CHAS. A. WILSON, M.D.

DIRECTIONS FOR USE.—The Abdominal Supporter should be put on first, with the screw in front. Oil the Pessary, and introduce it sideways through the labia, carrying it down and back, and gently push it up, and you will have the cervix in the Pessary. Then (after bending it to fit the person) carry the silver wire, end up, and introduce it through screw on the abdominal pad, and screw it tight, so it will not slip either way. The Supporter can be worn night or day, but it will be best to take it off at night, and replace it in the morning. When there is to much irritability, the spring pessary should not be worn too long at a time.

PRICES.—Abdominal Supporter, \$8; with Pessary, \$12.

A liberal discount given to Physicians and the Trade.

N. B.—In ordering the Supporter, attention should be given to the size of the body. Measure around the body as marked by X on cut. The supporter is warranted to give perfect satisfaction to any one that will try it for the above difficulties. The Supporter will be sent by Express, C. O. D., to any part of the Country. All orders should be addressed to the Manufacturers' Agents.

PARKE, DAVIS & CO., Manufacturing Chemists,
DETROIT, MICH.

GENTLEMEN:

This supporter is intended for the relief and cure of uterine displacements, and is placed before the Profession through the kindness of Messrs. PARKE, DAVIS & CO.

The advantages of this instrument are as follows: The supporter may be used either with or without the pessary. Without the pessary it has been used for pedulous abdomen with great success. This troublesome condition most commonly occurs in women of a phlegmatic habit of body, who have borne several children in rapid succession. The integuments become loose and flaccid, and fall down loose upon the pubes or the upper portion of the thigh.

Not unfrequently, also, in obese persons, the abdomen becomes so loaded with fat as to project inordinately, and from the diminution of the resistance of its walls and the degradation of its muscular structure it forms an unwieldy, unstable tumor. Not only this, but the weight of the viscera presses the fundus uteri down from its normal position. These conditions of the abdomen give rise to many discomforts but they admit of great relief from the Eureka Supporter, which very often cures cases of long standing by removing the cause. By means of elastics, and buckles of a new design, it is easily and quickly adjusted to fit the person, causing no irritation as from steel bands.

The Pessary, accompanying the Supporter, is made of hard rubber, in shape resembling a ring, constructed in such a manner that the cervix and os uteri are free from pressure, while it supports the uterus in its normal position. Women, afflicted with the most irritable os, have worn this pessary when everything of like nature had been tried with no success.

FLUID EXTRACT EUCALYPTUS

Prepared from the leaves of the Eucalyptus Globulus, by

PARKE, DAVIS & Co.,
CHEMISTS,
DETROIT.

We are now prepared to furnish the profession with a full supply of a reliable fluid extract of this valuable remedy.

"**EUCALYPTUS GLOBULUS** belongs to the Natural Order MYRTACEAE, which furnish the clove (CARYOPHYLLUS AROMATICUS), oil of cajeput (MELALEUCA MINOR) and the pimento (EUGENIA PIMENTA). It is one of the noblest representatives of a genus that contains upwards of a hundred species. It is often gigantic in size, and is impregnated throughout with an aromatic substance, which is present, however, in smaller proportions in the wood and the bark than in the flowers and the leaves. The tree is easily acclimated in the southern provinces of France, Corsica, Algiers and Spain, being known in the last named country under the popular name of the fever tree."

PROPERTIES.—Moderate doses cause a disturbance of the digestion, sometimes succeeded by a diarrhoea, in which the motions, like the eructations, recall the smell of the eucalyptus. Large doses sometimes cause headache, excitement and fever, with accelerated respiration, thirst, sickness and generally sleepiness; upon anaemic persons, however, it acts as a narcotic. The symptoms rarely last more than a few hours.

"In Australia the **EUCALYPTUS GLOBULUS** is the popular remedy for fevers, and in Europe it has been used successfully in the treatment of diseases prevalent in marshy districts. M. Gubler quotes the testimony of several medical practitioners, who say that it produces marvellous results in cases of intermittent fevers, especially obstinate ones where sulphate of quinine has been used without effect."

PHAR. JOURN. AND TRADE, March 2, 1872.

It has been recommended for, and used with marked success as a disinfectant in dressing wounds, ulcers, purulent catarrhal affections of the urethra and vagina, fetid breath, and as an astringent to harden spongy and bleeding gums.

THERAPEUTICAL APPLICATIONS OF EUCALYPTUS GLOBULUS.—At the last meeting of the San Francisco Medical Society, Dr. Pigneduputren said he had used the eucalyptus in the French Hospital for a year, during which time many interesting results had been noted. In March last, a hundred of the small trees had been planted on the Hospital grounds. They had now reached the height of seven feet. He related the following cases:

"A man had arteritis of the leg, succeeded by gangrene, which extended so high up as to render amputation impossible. In two weeks a large ulcer resulted, whose odor was horribly fetid. Everything in turn was employed to destroy this odor, to no effect. At last a decoction of eucalyptus was resorted to, and, without exaggeration, in five minutes all fetor had disappeared. The decoction continued to be used with the same effect until death occurred, two or three weeks subsequently."

"Another man, who had been under treatment in the Hospital for two months, with extensive, deep ulcer from varix, of a year's duration, had the decoction applied to the ulcer three times a day, with remarkable effect. In five or six days the ulcer was entirely covered with healthy granulations, and in a month it was entirely well."

"A woman had been troubled for many months with an ulcer around the orifice of the urethra. It was cauterized five times with no result. After twelve days' use of the decoction of eucalyptus, washing thrice daily, it was well."

"Four cases of syphilitic chancres healed under the eucalyptus dressing in five or six days, without other treatment. These were very recent cases, or constitutional treatment would have been resorted to."

"He had but one case of intermittent fever to report. This had proved rebellious to quinia, and also to arsenic, which latter had been administered for two weeks. A three weeks' course of the eucalyptus cured entirely."

"So numerous were the cases of bronchitis cured with the drug, that it was hardly worth while to mention them." * * * —PACIFIC MEDICAL JOURNAL.

EUCALYPTUS GLOBULUS.—Dr. Wooster, M. D., of San Francisco, California, submits a report of 136 cases of various diseases treated exclusively with fluid extract of eucalyptus globulus.

Romillett fever : cases treated, 5 ; cured 5. Intermittent fever : cases treated, 19 ; cured 18. Typhoid fever cases : treated, 7 ; cured, 9. Nephritis : cases treated, 4 ; cured, 3 ; improved, 1. Diarrhoea : cases treated, 10 ; cured, 1 ; improved, 5. Incontinence of urine : cases treated, 3 ; cured 2. Vesical catarrh : cases treated, 27 ; cured 20 ; improved, 7. Bleeding haemorrhoids : cases treated, 10 ; cured, 9 ; improved, 1. Chronic diarrhoea : cases treated, 12 ; cured, 9 ; improved, 3. Dysentery : cases treated, 4 ; cured, 3 ; improved, 1. Gonorrhœa [syphilis] : cases treated, 15 ; cured, 10 ; improved, 5. Dropsey : cases treated, 6 ; cured, 2 ; improved, 2. Of the whole number of cases, 106 were cured and 29 improved.

At a recent meeting of the San Francisco Medical Society, Dr. Stent exhibited an ingenious apparatus for the inhalation of medicated vapors. The medicated liquid is kept boiling by a spirit-lamp and the vapor conducted through a tube. He had used the *Eucalyptus* in this way, employing the tincture in water. It was preferable to the common atomizer, because of the warm vapor, which is not only medicinal-in itself, but promotive of absorption. The *Eucalyptus* he had found very beneficial in bronchial and pulmonary affections.

Dr. Pigneduputren testified to the virtues of the remedy, which had been fully tested by himself and Dr. D. Oliveira, in the French Hospital. It had been found highly serviceable in infections of the larynx and of mucous membrane in general; also as a tonic. In France it was much used as a febrifuge, and by some confidence in its efficacy, a great number of the trees had been planted around the French Hospital, for sanitary and medicinal purposes. The leaves, in drying, emitted a large amount of balsamic exhalations, capable of causing headache in persons much exposed to them, as he had experienced in his own house.—Pacific Medical and Surgical Journal.





TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food.
from mastication to its conversion into chyle.

Its digestive power is from three to four times that of Pepsin (described in the "United States Dispensatory," page 1685,) and has the all important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon food of a plastic nature.

PEPSIN is, therefore, not indicated in a very large class of Dyspeptic cases, while LACTOPEPTINE, containing all the digestive agents found in the system, and capable of dissolving all kinds of food, cannot be administered in cases of genuine dyspepsia without producing beneficial results.



Sugar of Milk,	- -	20 Ounces.	Phytin or Diastase,	- 1 Drachm.
Pepsin (pure) - -	4	" "	Lactic Acid, - -	2½ fl. Drachms.
Pancreatin (pure) -	3	" "	Hydrochloric Acid, 2½ fl.	"

Powder and Mix.

FORMULA OF LACTOPEPTINE.

The real merits of this preparation are shown from the fact that thousands of physicians during the past six months have tested it in their practice, a very large number of whom have written us, and, without a single exception, have spoken of its value in the highest terms.

The digestive power of LACTOPEPTINE is invariably tested, so as always to insure perfect uniformity.

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

One ounce sent by mail, pre-paid, on receipt of - - - - - \$1 00
One pound " " " " " - - - - - 13 00
A fraction of an ounce or pound sent by mail on receipt of corresponding price.

OVER.

REED & CARNICK
Manufacture a Full Line of Fluid Extracts.

Description of the Component Parts of LACTOPEPTINE.

PEPSIN is one of the principle agents of digestion found in the gastric juice, and in conjunction with acid matter present in that secretion, will convert Albumen, Fibrin, Cassein, &c., into Peptone.

PTYALIN is the digestive principle of saliva. It has, until quite recently, been used but little medicinally, yet it is unquestionably one of the most important agents of digestion. It acts powerfully upon vegetable matter, by separating and dissolving the nutritious portion. One part of Ptyalin will separate the Dextrine and Glucose from 2,000 parts of Starch. There exists a principle in Malt, called Diastase, which is identical with Ptyalin.

PANCREATINE is secreted by the Pancreas. It acts immediately and powerfully upon Oily and Fatty substances, emulsizing and preparing them for assimilation. It also has the power of digesting all kinds of food, and has undoubtedly been given this property so as to act upon any matter that may pass the Pylorus imperfectly digested.

LACTIC and HYDROCHLORIC ACIDS are always found in the gastric juice, and their importance is shown from the fact that Pepsin will not change the character of the food without their presence.

LACTOPEPTINE is presented in a saccharated form, and will be readily taken by the youngest child.

It is used with positive results in all cases of Dyspepsia, Loss of Appetite, Diarrhoea, Vomiting, Impoverished Blood, General Debility, Constipation, and all diseases arising from imperfect nutrition.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE.

To two fluid ounces of water, add one drachm of Lactopeptine, half drachm of Hydrochloric or Lactic Acid, 15 drachms of cooked food (reduced to a pulpy consistency), allowing it to remain from two to six hours, occasionally agitated and heated to a temperature of 105 deg.

It is prepared in the form of POWDER, SUGAR-COATED PILLS, ELIXIR, SYRUP, WINE and TROCHES.

LACTOPEPTINE is also combined with the following preparations:—

Emulsion of Cod Liver Oil with Lactopeptine.

This combination will be found superior to all other forms of Cod Liver Oil, in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

*Private Formulas of Pills, or other Preparations
Made to Order.*

REED & CARNICK
Manufacture a Full Line of Sugar-Coated Pills.

Elixir Lactopeptine, Strychnia and Bismuth.

A valuable combination in cases of Dyspepsia, attended with Nervous Debility.

Elixir Calisaya Bark and Iron with Lactopeptine.

An elegant and reliable Remedy in cases of Dyspepsia, attended with General Debility.

Syrup Lactopeptine Co.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility, arising from impaired digestion, and also of great value in Pulmonary affections.

ELIXIR CALISAYA, IRON AND BISMUTH,
WITH
LACTOPEPTINE.

WINE OF CALISAYA,
WITH
LACTOPEPTINE.

SYRUP PHOSPHATE IRON, QUINIA and
STRYCH. WITH
LACTOPEPTINE.

ELIXIR STILLINGIA CO.
WITH
LACTOPEPTINE.

SYRUP IODIDE CALCIUM AND IRON,
WITH
LACTOPEPTINE.

ELIXIR CINCHONA, IRON & STRYCHNIA,
WITH
LACTOPEPTINE.

ELIXIR GENTIAN & CHLORIDE OF IRON,
WITH
LACTOPEPTINE.

ELIXIR PHOSPHATE IRON, QUINIA AND
STRYCH. WITH
LACTOPEPTINE.

SYRUP PHOSPHATE IRON AND LIME,
WITH
LACTOPEPTINE.

ELIXIR CALISAYA,
WITH
LACTOPEPTINE.

BEEF, IRON AND WINE,
WITH
LACTOPEPTINE.

LACTOPEPTINE EMULSION
SUPERIOR TO
PANCREATIC EMULSION.

Compound Cathartic Elixir.

(Formula given on Label and Dose Book.)

The only pleasant and reliable Cathartic, in liquid form, that can be prescribed. It will be readily taken by the youngest child, and by all those who cannot take Cathartic remedies in other forms.

ELIXIR GUARANA.

Highly recommended in Sick Headache. Also valuable in Diarrhoea and Dysentery.

All our Goods are of Guaranteed Strength and Uniformity.

REED & CARNICK
Manufacture a Full Line of Elixirs, Syrups, Wine, etc.

ANTI-CONSTIPATION PILL.

Juglandin, $\frac{1}{4}$ gr. Leptandrin, $\frac{1}{4}$ gr.
Strychnia, 1-200 " Henbane, $\frac{1}{8}$ "
Castile Soap and Oil Peppermint, Q.S.
Dose, one to four.

This Pill gives permanent relief in cases of CONSTIPATION of the bowels.

Price, 70 Cents per hundred.

Sent by mail, pre-paid, on receipt of price.

STRYCHNIA COMPOUND PILL.

Strychnia,	1-100 grain.
Phosphorus,	1-100 "
Ex. Cannabis Indica,	1-16 "
Ginseng,	1 "
Carb. Iron,	1 "

Dose, one to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis and all affections of the Brain resulting from Loss of Nerve Power.

Price, 80 Cents per hundred,

Sent by mail, pre-paid, on receipt of price.

SULPHATE CINCHONIDIA PILL.

Recommended by many physicians as being fully equal to Quinine in Malarious Diseases.

Prices per Hundred.

1 grain	\$ 60
2 " " " " "	1 10
3 " " " " "	1 60

Sent by mail, pre-paid, on receipt of price.

SEDATIVE PILL (Dr. Aikens).

Aconit Sulph	1-200 grain.
Gelseminin	1-20 "
Digitalin	1-200 "
Sulph. Veratria	1-100 "
Ex. Heubane	1-16 "

Price, \$1 00 per hundred,

Sent by mail, pre-paid, on receipt of price.

PEPSIN—PANCREATINE—DIASTASE.

In addition to **Lactopeptine**, we manufacture **PEPSIN**, **PANCREATINE** and **PTYALIN** or **DIASTASE**. They are put up separately in one ounce and pound bottles.

Ten grains of our **Pepsin** will digest 200 grains of Albumen.

One grain of our **Ptyalin** or **Diastase** will digest 300 grains of vegetable food.

Ten grains of our **Pancreatine** will emulsione one ounce of oil.

One ounce of Pepsin sent by mail on receipt of 84 cents. One ounce of Pancreatine or Ptyalin, sent by mail upon receipt of \$1 00.

Send for PRICE LISTS and DOSE BOOKS.

Respectfully,

REED & CARNICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.

Correspondence Solicited from Physicians & Druggists.





FLUID EXTRACT EUCALYPTUS.

Prepared from the Leaves of the Eucalyptus Globulus.

BY PARKE, DAVIS & CO., MANUFACTURING CHEMISTS, DETROIT.

We are now prepared to furnish the profession with a full supply of a reliable fluid extract of this valuable remedy.

"The *Eucalyptus globulus* belongs to the Natural Order *Myrtaceae*, which furnishes the clove (*Caryophyllus aromaticus*), oil of cajeput (*Melaleuca minor*), and the pimento (*Eugenia Pimenta*). It is one of the noblest representatives of a genus that contains upwards of a hundred species. It is often gigantic in size, and is impregnated throughout with an aromatic substance, which is present, however, in smaller proportions in the wood and the bark than in the flowers and the leaves. The tree is easily acclimated in the southern provinces of France, Corsica, Algiers and Spain, being known in the last named country under the popular name of the fever tree. * * *

PROPERTIES.—Moderate doses cause a disturbance of the digestion, sometimes succeeded by a diarrhoea in which the motions, like the eructations, recall the smell of the eucalyptus. Large doses sometimes cause headache, excitement and fever, with accelerated respiration, thirst, sickness and generally sleepiness; upon anaemic persons, however, it acts as a narcotic. The symptoms rarely last more than a few hours.

"In Australia the *Eucalyptus globulus* is the popular remedy for fevers, and in Europe it has been used successfully in the treatment of diseases prevalent in marshy districts. M. Gubler quotes the testimony of several medical practitioners, who say that it produces marvellous results in cases of intermittent fevers, especially obstinate ones where sulphate of quinine has been used without effect. * * —*Phar. Jour. and Trans.*, March 2, 1872.

It has been recommended for, and used with marked success as a disinfectant in dressing wounds ulcers, purulent catarrhal affections of the urethra and vagina, fetid breadth, and as an astringent to harden spongy and bleeding gums.

THERAPEUTICAL APPLICATIONS OF EUCALYPTUS GLOBULUS.—At the last meeting of the San Francisco Medical Society, Dr. Pignedupuytren said he had used the eucalyptus in the French Hospital for a year, during which time many interesting results had been noted. In March last, a hundred of the small trees had been planted on the Hospital grounds. They had now reached the height of seven feet. He related the following cases :

"A man had arteritis of the leg, succeeded by gangrene, which extended so high up as to render amputation impossible. In two weeks a large ulcer resulted, whose odor was horribly fetid. Everything in turn was employed to destroy this odor, to no effect. At last a decoction of eucalyptus was resorted to, and, without exaggeration, in five minutes all fetor had disappeared. The decoction continued to be used with the same effect until death occurred, two or three weeks subsequently.

"Another man, who had been under treatment in the Hospital for two months, with extensive, deep ulcer from varix, of a year's duration, had the decoction applied to the ulcer three times a day, with remarkable effect. In five or six days the ulcer was entirely covered with healthy granulations, and in a month it was entirely well.

"A woman had been troubled for many months with an ulcer around the orifice of the urethra. It was cauterized five times with no result. After twelve days' use of the decoction of eucalyptus, washing thrice daily, it was well.

"Four cases of syphilitic chancres healed under the eucalyptus dressing in five or six days, without other treatment. These were very recent cases, or constitutional treatment would have been resorted to.

"He had but one case of intermittent fever to report. This had proved rebellious to quinia, and also to arsenic, which latter had been administered for two weeks. A three weeks' course of the eucalyptus cured entirely.

"So numerous were the cases of bronchitis cured with the drug, that it was hardly worth while to mention them." * * * —*Pacific Medical Journal*.

EUCALYPTUS GLOBULUS.—Dr. Wooster, M. D., of San Francisco, California, submits a report of 135 cases of various diseases treated exclusively with fluid extract of eucalyptus globulus. This preparation was made by Dr. Coleman, Resident Physician at the United States Marine Hospital.

Remitent fever : cases treated, 5 ; cured, 5. Intermittent fever : cases treated, 19 ; cured, 19. Typhoid fever : cases treated, 9 ; cured, 9. Nephritis : cases treated, 4 ; cured, 3 ; improved, 1. Diuresis : cases treated, 10 ; cured, 7 ; improved, 3. Incontinence of urine : cases treated, 3 ; cured, 3. Vesical catarrh : cases treated, 27 ; cured, 25 ; improved, 2. Bleorrhagia : cases treated, 13 ; cured, 10 ; improved, 3. Valvular disease of heart : cases treated, 7 ; cured, 6 ; improved, 1. Dysentery : cases treated, 4 ; cured, 3 ; improved, 1. Chronic diarrhoea : cases treated, 13 ; cured, 9 ; improved, 4. Gonorrhoea (syphilitic) : cases treated, 15 ; cured, 10 ; improved, 5. Dropsey : cases treated, 6 ; cured, 3 ; improved, 3. Of the whole number of cases, 106 were cured and 29 improved.

At a recent meeting of the San Francisco Medical Society, Dr. Stout exhibited an ingenious apparatus for the inhalation of medicated vapors. The medicated liquid is kept boiling by a spirit-lamp and the vapor conducted through a tube. He had used the eucalyptus in this way, employing the tincture in water. It was preferable to the common atomizer, because of the warm vapor, which is not only medicinal in itself, but promotive of absorption. The eucalyptus he had found very beneficial in bronchial and pulmonic affections.

Dr. Pignedupuytren testified to the virtues of the remedy, which had been fully tested by himself and Dr. D. Oliveira, in the French Hospital. It had been found highly serviceable in affections of the larynx and of mucous membrane in general; also as a tonic. In France it was much used as a febrifuge, and by some considered a substitute for cinchona. The leaves growing near the trunk of the tree were the most aromatic. A large number of the trees had been planted around the French Hospital, for sanitary and medicinal purposes. The leaves, in drying, emitted a large amount of balsamic exhalations, capable of causing headache in persons much exposed to them, as he had experienced in his own house.—*Pacific Medical and Surgical Journal*.

We prepare the following FLUID EXTRACTS directly from the GREEN Roots, and can recommend them to the profession as sure and uniform remedies:

FLUID EXTRACT GELSEMINUM.

FLUID EXTRACT VERATRUM VIRIDE.

FLUID EXTRACT COTTON ROOT BARK.

PEPSINE.

Under this head we offer three preparations, made by us directly from the stomach of the hog, whose habits and food render its pepsine peculiarly adapted to supply the needs of a weak digestive power in the man. Great care has been taken to issue uniform articles, which can be relied upon to produce their specific effects therapeutically.

DRY PEPSINE.

Prepared with sugar of milk to a fine powder, and assayed that five grains will digest, in an acidulated solution, sixty grains of coagulated albumen, in from four to six hours, which correspond to the digestive power of half an ounce of human gastric juice.

LIQUID PEPSINE.

Prepared with glycerine, for cases where it is necessary to prescribe in solution, or with the addition of other agents.

ESS. PEPSINE.

An agreeable solution of pepsine, where it is advisable to secure elegance in administration.

We desire to call the attention of physicians to our line of SOLUBLE SUGAR COATED PILLS, which is very complete, supplying every officinal or other reliable formula for pills, in an elegant form for administration. All materials are the purest attainable, and the pills themselves divided with great care by hand to ensure accuracy.

Having succeeded after a long experience and experiment, in manufacturing perfectly *soluble* pills, we would be pleased to have physicians test them on this point.

We add a few formulas of peptine combinations from our list, some of which are new.

PIL. OX GALL AND PEPSIN (ARMOR'S) 4 1-8 grs.

Socot Aloes. Ox Gall.

Sulphate Iron. Pepsin.

Ext. Nux Vomica.

PIL PEPSINE AND BISMUTH, 2 1-2 grs.

Pepsine 1 1-2 grs. Bismuth Subcarb 3-4 gr.

Lactic Acid 1-4 gr.

PIL PEPSINE AND IODIDE IRON, 3 grs.

Pepsine 1 1-2 gr. Iodide Iron 3-4 gr.

Iron by Hydrogen 1 1-2 gr.

PIL PEPSINE AND IRON BY HYDROGEN, 2 1-4 grs.

Pepsine 1 1-2 gr. Iron by Hydrogen 3-4 gr.

Send for a Description List of our manufactures, which will be mailed gratis.

PARKE, DAVIS & CO.,

DETROIT.

MANUFACTURERS OF

*Fluid and Solid Extracts, Aqua Ammonia,
Soluble Sugar Coated Pills, Spirits Nitre Dulc.,
Pharmaceutical Preparations, C. P. Chloroform, &c.*

TO BE OBTAINED OF ANY PHARMACIST.

WHOLESALE AGENTS,

E. BURNHAM & SON,

CHICAGO, ILL.

PURE COD-LIVER OIL.

Manufactured on the Sea-Shore by HAZARD & CASWELL, from
Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the livers. It is nearly devoid of color, odor and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil generally found in market is the product of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous iinkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber-colored Cordial, delicious to the taste, and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron**. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessertspoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia. This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each tablespoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

Elixir Phosphate Iron, Quinine and Strychnia. Each teaspoonful contains one grain Phosphate Iron, one grain Phosphate Quinine, and one sixty-fourth of a grain of Strychnia.

Ferro-Phosphorated Elixir of Gentian, containing one ounce of Gentian, and one hundred and twenty-eight grains Pyrophosphate Iron to the pint, making in each dessertspoonful seven and one-half grains Gentian and two grains Pyrophosphate Iron.

Elixir Valerianate of Ammonia. Each teaspoonful contains two grains Valerianate Ammonia.

Elixir Valerinate of Ammonia and Quinine. Each teaspoonful contains two grains Valerinate Ammonia and one grain Quinine.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri-Pyrophosphate.

Wine of Pepsin. This article is prepared by us from fresh Rennets and pure Sherry Wine.

Elixir Taraxacum Comp. Each dessertspoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth and Strychnine. Each fluid-drachm contains one sixty-fourth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent Physicians.

Iodo-Ferrated Cod-Liver Oil. This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine. This combination represents Phosphorus, Bromine, Iodine and Cod-Liver Oil, in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

Cod-Liver Oil, with Phosphate of Lime. This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

Cod-Liver Oil, with Lacto-Phosphate of Lime.

CASWELL, HAZARD & CO.,

DRUGGISTS AND CHEMISTS,
NEW YORK.

Parke, Davis & Co., Manufacturing Chemists, DETROIT.

MANUFACTURERS OF

Fluid & Solid Extracts,	Elixirs, Wines & Syrups,
Sugar Coated Pills,	Aqua Ammonia,
Pure Concentrations,	Spirits Nitre Dulc.
Chem. Pure Chloroform, Chemicals, &c., &c.	

We call special attention to the following articles lately added to our list:

Fluid Extract Guarana.
Fluid Extract Eucalyptus Globulus.
Fluid Extract Bearsfoot, (from the fresh root.)
Fluid Extract Calendula.
Fluid Extract Chestnut Leaves.
Fluid Extract Conium Seed.
Fluid Extract Cotton Root Bark, (from the fresh root.)
Fluid Extract Gelseminum, (from the fresh root.)
Fluid Extract Stavesacre Seed.
Pills of Picrate Ammonium. (Sugar Coated.)
Brundage's Anti-Constipation Pills. (Sugar Coated.)

Send for dose, descriptive list and circulars, which will be forwarded on application.

Physicians who desire our preparations will please specify P., D. & Co. on their prescriptions.

Our list of manufacturers can be obtained of the following Wholesale Druggists, at manufacturer's rates:

R. Macready & Co.,	Cincinnati, O.
Kenyon, Potter & Co.,	Syracuse, N. Y.
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Benton, Myers & Canfield,	Cleveland, O.
Geo. M. Dixon,	Dayton, O.
A. Peter & Co.,	Louisville, Ky.
E. Burnham, Son & Co.,	Chicago, Ill.
A. A. Mellier,	St. Louis, Mo.
Colburn, Birks & Co.,	Peoria, Ill.
Geo. A. Eddy,	Leavenworth, Kan.
Godbe & Co.,	Salt Lake City, Utah.
Plain, Williams & Co.,	Toledo, O.
Shrewsbury Bros.,	Parkersburg, W. Va.
Farrand, Williams & Co.,	Detroit, Mich.
Swift & Dodds,	Detroit, Mich.

Depot in Chicago,

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